

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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ibuprofen

## 10,000,000

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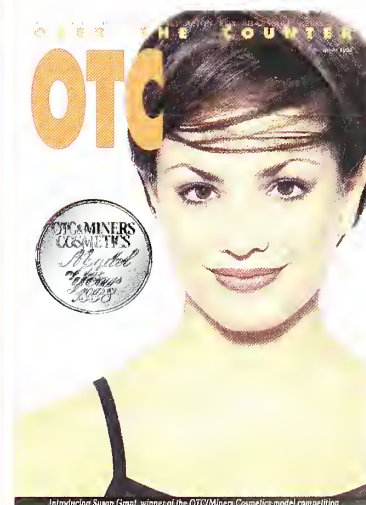
## *MCA to review aspirin 75mg pack size*

*Double contract  
relocation leads to  
'leapfrogging' claim*

*RPM – the court  
hearing gets nearer*

*OTC Direct: 'we have  
nothing to hide ...'*

*Wholesaler Phoenix  
snaps up Rowland  
and Philip Harris*



*OTC this week: it  
could have been you*

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**JUNIOR MELTUS SUGAR & COLOUR FREE EXPECTORANT FOR CHESTY COUGHS AND CATARRH ESSENTIAL PRODUCT INFORMATION.** Presentation: Oral Liquid. Each 5ml contains 50mg Guaifenesin BP, 2.5mg Cetylpyridinium Chloride BP, Alcohol. Indications: For the symptomatic relief of coughs and catarrh associated with influenza, cold and mild throat infections. Dosage and Administration: To be taken three or four times daily. Children over 6 years: Two 5ml spoonfuls. Children 1-6 years, one 5ml spoonful. Children under 1 year: On medical advice only. Contraindications, Warnings, etc: Contraindications: None known. Warnings: Children under one year on medical advice only. Very large doses can cause nausea and vomiting. Gastro-intestinal discomfort and mild drowsiness have been reported. This formulation is not suitable for adults. Side effects: None known. Legal Category: GSL. Packs: 100ml. Price: £2.26 excl VAT. P.L. Number: 0338/0086. P.L. Holder: Cupal Limited, King Street, Blackburn BB2 2DX. Date of Preparation: July 1998. Further information is available on request from Seton Scholl Healthcare plc, Tubiton House, Oldham OL1 3HS.

<sup>1</sup> Independent Audit MAT December 1997, 2 Counterpoint Q4 1997 and Q1 1998 aggregated, 3 Independent Audit MAT December 1993 - December 1997



# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## COMMENT

**P**hoenix Pharmahandel's acquisition of Philip Harris and L Rowland will, on face of it, create a relatively minor ripple in the UK pharmaceutical sector. The German company has gained seven wholesale depots, which give it just under 4 per cent of the UK wholesale market; and 84 pharmacies whose operations are dwarfed by the likes of Moss and Lloyds. The implications of Phoenix' acquisitions, however, represent a potentially huge wave. There are now only 14 independent pharmaceutical wholesalers left in the UK. Phoenix will not face regulatory barriers if it seeks to acquire more of these regionals. Pharmacists who have remained loyal to their local supplier could see them drawn under Phoenix' umbrella. As various regional depots are said to be operationally weak, Phoenix could re-locate them to create a stronger network. Providing the company invests in these 'core' depots, pharmacists may get a better service. Whether they would feel happy losing familiar faces whom they have dealt with for years is another matter. AAH says that Phoenix will have to invest a lot of money and adopt a long term strategy if it wants to go down this route. On the retail side, Phoenix wants to acquire more pharmacies. Good news for pharmacists wanting to sell up - bad news for those who remain committed. They face another potentially large multiple chain. It is too early to judge whether such a chain will eventually emerge, but in any event the merger of the Rowland and Philip Harris pharmacy businesses surely makes commercial sense. And on the back of that could Phoenix launch a symbol group to compete with the likes of Vantage or Numark? It is another step to a future of big vertically integrated pan-European wholesale groups with their own multiple pharmacy businesses and symbol groups - not a comforting thought for an independent.

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Government threatens to introduce 'reserve powers' over pharmaceutical industry drug pricing



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## RPM leave hearing to be adjourned?

The leave hearing on resale price maintenance, due to take place in the High Court on December 7-8, may be delayed.

The Community Pharmacy Action Group's leading counsel, Michael Burton QC, has been made a High Court judge so will be unable to represent pharmacy. CPAG is asking for the case to be adjourned, to allow time to find a replacement.

The hearing would probably then take place next February. If the Office of Fair Trading objects and the adjournment is refused, the hearing could go ahead (see also p16).

## Pharmacy courses in Sunderland rated 'excellent'

The University of Sunderland's pharmacy and pharmacology courses have been rated as excellent under a new teaching assessment scheme.

The Quality Assurance Agency, the national higher education assessment body, has awarded the degree programmes 22 points out of a maximum 24. The in-depth review looked at six categories - curricular design, content and organisation; teaching, learning and assessment; students' progression and achievement; students' support and guidance; learning resources; and quality assurance.

The assessors gave the Sunderland courses special commendations for teaching excellence, attracting students from a wide range of educational backgrounds, giving students access to advanced IT systems and high quality learning materials, and the quality of pastoral support for students.

Pharmacy has been taught in Sunderland since 1921. There are now 340 students taking pharmacy degrees and 130 on pharmacology programmes.

## Action urged on health inequalities

A report published this week, after C&D went to press, will recommend that a high priority is given to the health of families with children.

An inquiry into inequalities in health will recommend that steps should be taken to reduce income inequalities and improve the living standards of poor households. The inquiry was commissioned by health secretary Frank Dobson and chaired by former chief medical officer Sir Donald Acheson.

# Aspirin 75mg pack size to be reviewed?

The Government has inadvertently highlighted the inadequacies of recent legislation which restricted the pack sizes of OTC analgesics, and promised to look into the matter. It has also encouraged pharmacists to use the emergency supply procedures to allow sales of 100 aspirin 75mg.

When health minister Baroness Hayman was asked if she was aware that people may buy more than 100 aspirin or paracetamol tablets from a supermarket, she said that pack sizes of aspirin and paracetamol are limited.

"Those on sale in supermarkets have to be in packs of 'only up to 16' and I know that some supermarkets are very careful about the number of packs that can be sold," she told the House of Lords last Thursday.

She also acknowledged the difficulties that restricting pack sizes of aspirin 75mg has caused. Lord Jacobs

asked if she would consider ending the regulations because "the present situation causes people to visit a pharmacy 12 times a year." They also have to pay 50 per cent more than before.

Having promised that the operation of the new regulations will be kept under review, Lady Hayman responded by saying the Government recognised the difficulties faced by for some patients and takes this issue seriously.

"However, I should point out that the limit is 100 when the pharmacist sees the patient as having a specific need," she said. She will be asking the Medicines Control Agency to look at that specific area to see whether any change may be appropriate.

She also admitted that it is likely that there will be additional costs on the NHS and there is some inconvenience for patients. While recognising that customers can buy packs from different

stores, she said there is evidence that suicide attempts, especially by the young, are impulsive attempts using products in the home medicine cabinet.

Lord Monson criticised the recent regulatory changes, saying that with evidence that as little as 15 paracetamol tablets can kill, "Is this not an example of the nanny state run mad, and is it not almost as silly as the beef-on-the-bone ban?"

Concerns about increases in the price of analgesics were met with a recommendation for people to shop around, because not all suppliers have changed prices in the same way.

The Royal Pharmaceutical Society welcomed the Government's announcement. Head of scientific and technical support, Roger Odd, said the Society has been pressing for a review of the regulations as they are causing difficulties for thousands of patients.

## NI pharmacists boost live training hours by 46pc

Northern Ireland pharmacists increased the amount of 'live training hours' by 46 per cent in 1997-98.

Some 774 pharmacists (almost 80 per cent of those active on the register) took part in training provided by the Northern Ireland Centre for Postgraduate Pharmacy Education and Training.

The number of hours spent on live training rose from 6,096.5 in 1996-97 to 9,157 in 1997-98. The Centre also increased the number of hours it was able to offer, from the requested 300 to 439 hours of actual live training.

NICPPET was also commissioned to provide 250 hours of distance learning courses. It offered 310 hours of distance learning, of which 40 hours were new material and 69 hours were published within the preceding two years. Time spent on these added up to 2,885 contact hours, with 240 MCQs returned to the Centre.

Although this represents a 3 per cent fall in application numbers and an 8.7 per cent fall in completions for distance learning, it does represent an increase of 1.3 per cent in completed hours.

This is mainly due to a reduced demand for the patient medication record course - in the previous year the PMR distance learning course had become a requirement to be eligible

for payment of the professional allowance.

The annual report from NICPPET for 1997-98 points out that there is still a problem with withdrawals from courses, especially workshops. Particularly disappointing are the 'no shows', since these places are 'lost' and there is rarely any explanation or apology given, says the report.

In future any pharmacist who fails to attend a popular course and is unable to provide a reasonable explanation will be charged £50.



Over 240 pharmacists and guests gathered in Belfast for the 1998 Ulster Chemists Association Dinner Dance last weekend. Pictured (r-l) are UCA president Donald Moore, his wife Geraldine, Pharmaceutical Society of Northern Ireland president Terry Maguire and wife Kate



Among the many guests enjoying themselves at the Ulster Chemists Association Dinner Dance were (left to right): National Pharmaceutical Association director John D'Arcy, Nalini Patel, the NPA's vice-chairman, Kirit Patel, and commercial director of AAH Pharmaceuticals, Alan Turner



# Audit highlights patient pack problems in the dispensary

A pharmacy audit has provided evidence of the problems pharmacists are encountering in the move to patient pack dispensing.

The audit, carried out in the spring, found that patient information leaflets are only being supplied for 54 per cent of dispensed items. Exact patient packs are supplied even less frequently, with only 38 per cent of items.

Standardisation and rationalisation are well overdue as delay in tackling the problem "encourages poor pharmaceutical practice, is illogical and can only lead to patient confusion", says the report.

The survey is based on the supply of 1,856 dispensed items made through pharmacies in the St Helens & Knowsley area.

For NSAIDs excluding aspirin, PILs were supplied in 56 per cent of cases and patient packs in 28 per cent. Antibiotics fared less well, with a PIL provided in less than a quarter of cases and a patient pack supplied in 21 per cent.

Cardiovascular drugs had a 70 per cent PIL rate and 53 per cent patient pack availability. Although the Medicines Control Agency states that a leaflet must always be given

with steroids, this did not always happen.

The report authors, Yvette Haselden and Paul Clark, pharmacy audit facilitators at SHKH, say the results show PILs are not readily available for pharmacists to give to patients each time a prescription is dispensed.

Although drugs prescribed for chronic conditions are more likely to have a PIL, "a valid concern is that patients may be less likely to be counselled on the assumption they may already have been."

Similarly, acutely prescribed drugs are the least likely to be accompanied

by a PIL, leaving the patient to assume that their GP or pharmacist will advise them if there is a problem with their medication.

The authors recommend that the pharmaceutical industry finally agrees on a uniform patient pack size, preferably of 28 days. The survey had found that just over half of dispensed medicines were in multiples of 28. This compared to a fifth of items dispensed in multiples of 30.

While acknowledging the problems of acute antibiotic supply, the authors would like to see some standardisation and uniformity encouraged.

# Hayman asks for time to develop pharmacy strategy

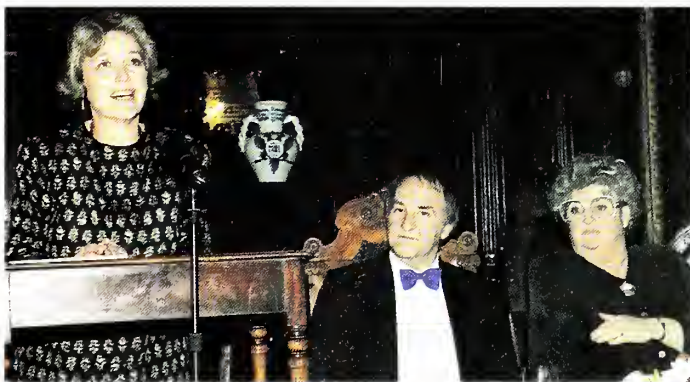
The Government is committed to developing the role of the pharmacist - "you will have to judge us by our actions ... your thinking is very much in line with the Government's", health minister Baroness Hayman said on Monday at the Apothecaries Hall.

But developing a strategy for pharmacy within the NHS is "taking a little longer than we thought," admitted the Baroness, who was standing in for health secretary Frank Dobson at the National Pharmaceutical Association's triennial dinner.

"Give us the benefit of the doubt for a little longer. It is important to get it right. It must be not just rhetoric but a reality for community pharmacy."

The minister's words confirm that the government's new pharmacy strategy is unlikely to be made public until the new year. There was a heavy hint, though, that it might contain proposals on repeat prescribing.

The DoH shares the view that phar-



Baroness Hayman is watched by NPA chairman Gaz Clapinski and Claire Rayner, chairman of the Patients Association

macists can do more for patients in helping them deal with repeat medication, said Baroness Hayman. However, there was no mention of how the Department intends to resolve the impasse over pay for 1998-99.

Having been told by NPA chairman Gaz Clapinski that pharmacists "come

close to qualifying for a Guinness Book of Records entry for the number of tributes about their valuable NHS contribution from past health secretaries", she spoke instead about what the government hopes to achieve from the latest NHS reorganisation.

She said she knew pharmacists

were disappointed not to have a place on the boards of primary care groups. "Talking about pharmacists contributing from the periphery is to misunderstand," she said. "PCGs will have to call on the skills of a wide range of groups. They cannot walk away from the responsibility of involving community pharmacists."

Community pharmacy offers an ideal platform from which to make a contribution to public health and well being, Mr Clapinski told the minister. But he urged the DoH to think again about how pharmacists might be included in PCGs.

"Even where pharmacists are co-opted, they will be entitled only to expenses and, unlike others on PCG boards, will not be remunerated for their expertise. This is simply not the way to get the best out of community pharmacy," he said.

Pharmacy could do a great deal more for the NHS, he insisted. "I am not suggesting that pharmacies are not busy - far from it. But the fact remains that the expertise and experience present in every pharmacy is hugely under-utilised."

He looked forward to the DoH's continued support as the profession developed its medicines management programme. An evaluation of a multi-centred pilot study on the pharmacy's role in repeat dispensing is underway. "We are confident this will demonstrate that pharmacists' involvement not only saves the NHS money, but is popular with patients," he said.

Money needs to be invested in promoting the pharmacist's role in dealing with common ailments. Making the pharmacy a first port of call for health matters "dovetails perfectly with the government's objectives", said Mr Clapinski.

He was critical of "miserly" pay settlements which "make minuscule increases in payment dependent on achieving larger increases in prescription volume".

# Boots does a 'double shuffle'

An independent pharmacist has raised concern that Boots the Chemists may be using a new ploy to gain NHS contracts by transferring them sequentially along a road.

However, Boots says that, although this is an unusual circumstance, "it is not standard practice, it is not a new way of working".

Paul Feldman has a pharmacy just off the King's Road in London with a small non-contract Boots store nearby at 148-150 King's Road. Boots also has a much larger store at 60 King's Road with a pharmacy contract.

Bliss Chemists, at the end of the road at 33 Sloane Square, has been allowed to transfer its contract into the large Boots. In turn this is transferring its contract along to the small Boots. Boots says it is not acquiring the Bliss store.

In the notification letter sent to Mr

Feldman, Kensington, Chelsea & Westminster Health Authority has approved both decisions on the grounds that:

- the moves are within the same neighbourhood
- the same services are to be provided
- the distances between the sites are short
- there are no barriers between the sites.

Mr Feldman is concerned that Boots is obtaining the contract by buying up the Bliss premises and then "playing musical chairs" with the contracts. He plans to lodge an appeal against the decision as he believes that this is, in effect, a transfer of a contract from Sloane Square to 148 King's Road, too great a distance for it to be a minor relocation.

KCW Local Pharmaceutical Comm-

ittee secretary David Kent says the LPC was unable to raise any objections as the moves are both minor re-locations. "We have to apply the same criteria to Boots," he said. "It's a 'normal' double shuffle."

Mr Feldman wants the minor relocation regulations tightened. Although they are intended to prevent leapfrogging, "they are non-effective," he says.

"They are regulations in name only and are not serving their purpose. The health authority is tied by the lack of rigidity in the regulations. Once loopholes are found, they are normally filled, but this goes on and on as nobody is prepared to tighten them."

Boots said that the contract transfers granted by the local HA are still within the 30-day appeal period. "Central London throws up different circumstances," added the spokeswoman.



## Novartis opposes P to GSL move for nicotine gum

Novartis Consumer Health, maker of Nicotinell nicotine patches and chewing gum, is opposing plans by the Medicines Control Agency to deregulate nicotine gum 2mg from Pharmacy to General Sales List status (C&D last week, p7).

The company says it is concerned that such a move, expected to come into effect by April 1999, will "negatively impact upon best practice for this medicine and impair smokers' chances of successfully quitting".

Senior brand manager Andrew Scorey says pharmacists play a crucial role in cessation support. Research indicates that even minimal pharmacist intervention increases success.

"We will monitor the proposed down regulation by other suppliers of nicotine replacement therapy closely," adds the company.

● The Young Pharmacists Group is holding a conference this weekend on the impact of making nicotine 2mg gum available as a GSL medicine.

YPG public relations officer Sid Dajani said on Tuesday: "In line with all other pharmacists who hold common sense and care for patients, this will be a monumental mistake."

In anticipation of this, and the anti-smoking measures expected in the forthcoming public health White Paper, the YPG is inviting a representative from SmithKline Beecham, manufacturer of a nicotine replacement therapy, to speak about future marketing plans. The conference will also include accredited continuing professional development on smoking cessation.

The conference takes place on November 29, at Seeleys Hotel, Bristol (details on 07771 915198).

## Diet and bone health

A report promoting better bone health through nutrition has been issued by the Government.

It recommends that steps are taken to ensure that both the public and health professionals are better informed about the importance of avoiding vitamin B deficiency and the appropriate use of supplements for those at risk.

'Nutrition and Bone Health: with particular reference to calcium and vitamin D' has been prepared by the Committee on Medical Aspects of Food and Nutrition Policy. Responding to this, the Government has commissioned the Health Education Authority to develop a health promotion programme aimed at the elderly.

# Queen's speech favours doctors and nurses

The Royal Pharmaceutical Society has welcomed the Government's aim of creating a partnership approach to shaping local healthcare, as set out in Tuesday's Queen's speech. However, it is questioning why pharmacists are not to be included in the management teams alongside doctors and nurses.

In response to the proposals to introduce an NHS Bill to modernise the NHS, the Pharmaceutical Services Negotiating Committee has set up a task force to study the Bill when it is published and monitor its progress through parliament. It will take action, as necessary, "to promote the interests of pharmacy contractors".

Details in the speech are vague - in place of the NHS internal market "will be decentralised arrangements based on partnership, quality and efficiency to put doctors and nurses in the lead in shaping services". Background notes issued by the Government say the NHS Bill would end GP fundholding and create Primary Care Trusts. These would be "new, free-standing bodies putting GPs and community

nurses in the driving seat in shaping local health services".

The Society's deputy secretary and registrar, Philip Green, commented: "Local NHS services will suffer if the best use is not made of resources ... where else is the expertise to help steer complex decisions about medicines if not with pharmacists?"

The Government is also proposing to introduce measures to "strengthen existing systems of professional self regulation by ensuring they are open, responsive and publicly accountable".

The Department of Health confirmed that the Bill will not be on the Statute Book by April 1, 1999, the start date for the move to abolish GP fundholding. As such, fundholding will not be legally abolished until the bill becomes an act in the late summer. The Government would use secondary legislation to give primary care groups the legal force to go ahead on time.

The Government is seeking controls over the Pharmaceutical Price Regulation Scheme (see p40).

## Award for home iv antibiotics scheme

A scheme for giving parenteral antibiotics to patients discharged from hospital has won a Scottish award for quality in healthcare.

Dr Dilip Nathwani, consultant physician at King's Cross Hospital, Dundee, runs the prize-winning programme with hospital pharmacist Kirsteen Gray and a nurse practitioner. The doctor prescribes a suitable antibiotic regimen, while the nurse trains the patient to administer the drug intravenously at home. The pharmacist advises on dosing and gives the patient information about the drugs and possible side effects.

"The patients are only in hospital because they need parenteral treatment," says Ms Gray. "If we train them to give this medication themselves they can go home." Patients who prefer the nurse to administer the drugs can come into the hospital on a daily basis.

Between 50 and 60 patients have been treated on the OHPAT (outpatient and parenteral antibiotic therapy) programme since it was formally established in April. It took five years to develop. The £1,000 award was supported by the Scottish Office and Zeneca Pharmaceuticals.

# Zest award for new concept pharmacy

Farmacia, an innovative new pharmacy specialising in integrated medicine, was one of the winners of a 'Zest for Life' Award, presented at a ceremony in London last week.

Zest, a consumer health and beauty magazine, set up its award scheme to recognise and reward people and products that have made a significant contribution to the health and wellbeing of the public.

Farmacia, located in Drury Lane in London, offers not only the services of a conventional pharmacy, but also has a herbal dispensary on site. Consulting rooms beneath the pharmacy are used by practitioners of osteopathy, acupuncture, reflexology, homoeopathy and other alternative therapies.

A unique feature of the pharmacy is a Herbal Apothecary and Juice Bar, with a menu of drinks formulated by medical herbalists.

New technology plays an important role with an in-store computerised health database, a web site ([www.farmacia.co.uk](http://www.farmacia.co.uk)) and on-line shopping. On-site preventative diagnostic testing includes allergy and cholesterol testing.

Farmacia is the brainchild of Sanjay Bhandari and his sister Meenu, whose holistic approach to health and wellbeing has impressed not only the judging panel but the steady stream

of new customers.

● Other winners of the Zest for Life Awards were: Tesco for Pharmacy Service of the Year in the multiple category; Tisserand Lavender Gel for Best Aromatherapy Product; Cantassium Foresight Vitamins and Minerals for Best Supplement; and Boots Compact Tens pain relief unit. Boots was also voted health insurer of the year.

**Meenu and Sanjay Bhandari of Farmacia, winners of the Zest for Life Award for Pharmacy Service of the Year in the independent category**



Exterior of Farmacia in Drury Lane



## GPs to re-examine their professional competence?

Once doctors pass their final examinations, there seem to be few further checks on their ability. If they do something seriously wrong, then they could end up appearing before the General Medical Council.

However, there is currently no system of periodic reassessment. This situation has generated disquiet both within the profession and with the public. It is also an issue, which the GMC has examined.

It is extremely difficult to define what is a good or even competent GP. It is obviously important to have a sound medical knowledge, but other attributes such as manner, and availability are also important, as is the ability to demonstrate that GPs have undergone regular reassessment of their skills.

The problem is how do you measure this? What do you do with the GPs who fail, and who funds the process? Accreditation might be popular with

**"It is extremely difficult to define what is a good or even competent GP"**

the public and politicians, but not so among GPs. The GMC is caught in the crossfire from all interested parties and has the difficult task of trying to produce a system to satisfy everyone.

It is likely that public pressure will make something happen, and it could be sooner than many realise. A GMC working group is already examining the issues, and will report in February of next year.

Whatever the outcome, it is likely that periodic accreditation for GPs will ultimately happen. As far as the medical profession is concerned, such regulation should come from within, rather than from an external body which is likely to be less sympathetic.

Even so, many GPs will need convincing that this is where the future lies. The task will be huge: their Royal College will have an input into the educational values of such a process. The BMA will want its say to protect its members and it will have a keen interest in the funding of such a scheme.

The momentum for reassessing GPs is gathering pace and it can only be a matter of time before a scheme is in place.

*By Dr Harry Brown, a GP practising in Seacroft, Leeds.*

# Xrayser

## Topical Reflections

## Pharmacy is no longer just a 'supply' route

The latest fiasco over our so-called annual negotiations on remuneration with the NHS Executive has once more exposed the archaic nature of our contract.

I do not know when Frank Dobson's autumn strategy will be published, but having asked for opinions he could be left with egg on his face, if he chooses to ignore the obvious.

I cannot continue for much longer under the present remunerative structure. The other night I spent a quarter of an hour with an elderly patient in her own home explaining her medication and all this was for the princely sum of two dispensing fees. Not only that, but when the doctor had visited her the last time he had been so kind that he had her prescription dispensed - at another pharmacy!

Community pharmacy can no longer exist as a supply-only profession and the NHS Executive and its political masters have to be made 100 per cent aware of this reality.

It may be in the short-term interest of the multiples to continue with the present system, but even they are now saying that the future of the profession lies in pharmaceutical care. Pharmaceutical care cannot be funded by piece work remuneration.

For many years, the viability of community pharmacy has been undermined by the divisive self-interest of contractors, but a cohesive vision of the future could at last become our strength.

Frank Dobson's strategy should contain positive proposals for a service-based contract. If it does not, then the rumbling discontent could become a roar with a united profession showing its teeth at last.

## I am being played for a sucker

I have always promoted Pharmacy medicines in the belief that this is the best way to educate the public



about the benefits of community pharmacy. I have this foolish vision of the community pharmacy becoming the automatic choice for all customers seeking to buy medicines.

That dream is now being shattered as what appears to be a conspiracy emerges. I have been used as the test market for the transfer of medicines, not from 'POM to P' but from 'POM to GSL'.

The hidden agenda of both the Medicines Control Agency and the big OTC players under the umbrella of Proprietary Association of Great Britain is to use me to determine the safety and efficacy of a medicine and then to either totally deregulate it or return it to Prescription Only control.

The latest proposals from the MCA - which appear to be supported by the PAGB - to deregulate minoxidil 2 per cent lotion and 2mg nicotine gum (*CCD* November 7, p21) have finally convinced me that I have been played for a sucker.

My only role has been to ensure that the supermarkets are able to safely sell a much wider range of medicines on the General Sales List.

My professional advice and input at point of sale is now not only irrelevant, but a positive hindrance in the frantic rush for that pot of gold in the supermarket trolley. Does this really tie in with the government's health policy?

## The individual touch really does help ...

My grateful thanks to Nutricia Foods for its excellent demonstration and tasting of gluten-free foods. All my patients were personally invited and highly appreciative of Nutricia's efforts in explaining how to cook with their products and to sample, not just their standard foods but also their Christmas goodies.

I do have a few regular coeliac customers but have often wondered why I rarely see any patients that have recently been diagnosed. Perhaps the reason can be traced back to this excellent tasting. I only learnt of its existence after the event and that was from one of my customers inquiring about the price of mince pies.

I suppose there is no reason why I should have been informed. After all I am only an irrelevant, independent pharmacist. It must be so much easier for Nutricia to concentrate its local promotions in one venue, thoughtfully not involve me in the arrangements and then send individual invitations to my patients.

The only problem is that the tasting was an all day event held in-store, at the local Boots. Is it any wonder I rarely see new coeliac patients!



WHEN THERE ISN'T TIME TO STOP THE CLOCK

12

HOURS  
RELIEF

CONTACT 400 KEEPS YOUR CUSTOMERS GOING ALL DAY.

Nothing helps cold and allergy sufferers breathe more clearly for up to 12 hours day or night, than Contac 400.

Its unique capsule releases hundreds of tiny time pills containing a decongestant to relieve stuffiness, and an antihistamine to help stop sneezing.

Contac 400 works hard to let your customers get on with their busy lives - with its new packaging it'll work hard for your pharmacy too.

For more information call 0500 888 878.

UP TO 12 HOURS RELIEF FROM COLD,  
SINUSITIS, AND HAYFEVER SYMPTOMS



phenylpropanolamine + chlorpheniramine

**Product information:** Capsule with colourless body and yellow cap containing a mixture of red, white and yellow pellets with controlled release actions. Each capsule contains Phenylpropanolamine Hydrochloride Ph Eur 50 mg, Chlorpheniramine Maleate Ph Eur 4 mg and has a therapeutic action of up to 12 hours. **Uses:** For the relief of symptoms of nasal congestion and hypersecretion associated with the common cold, hayfever and sinusitis. **Dosage and administration: Adults:** One capsule swallowed whole in the morning and another at bedtime. **Children under 12 years:** Not recommended. **Contraindications:** Known hypersensitivity to ingredients, hypertension, hyperthyroidism, diabetes, cardiac dysfunction. Patients taking tricyclic antidepressants or beta-blocking drugs. Patients taking, or within two weeks of having taken, MAOIs. **Precautions:** Caution required in patients taking anxiolytics, hypnotics, antimuscarinics or alcohol. Avoid in pregnancy and lactation unless advised by a doctor. Do not drive or operate machinery or drink alcohol. Do not use with other decongestant medicines. **Side effects:** Rare reports of headache, psychomotor impairment, antimuscarinic effects such as urinary retention, dry mouth, blurred vision and GI disturbance. Occasional rashes and photosensitivity reactions may occur. **Legal category: P. Product licence number:** PL 0073/0020. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Package quantity and RSP:** 6 capsules £2.79, 12 capsules £4.55, 24 capsules £6.29. **Date of last revision:** September 1998. Contac is a trademark.





# Counterpoints



## Transparent nasal strips clear the way for snorers

Clear Sport will be launching two new transparent nasal strip products in the New Year.

Sweet Dreams clear nasal strips have been developed to help reduce snoring by gently opening the nasal passage allowing the user to breathe more easily.

Additional benefits may be found for sufferers from asthma, night-time congestion and other sinus conditions where improved breathing and increased oxygen offer relief and support. Retail price is £9.99 for a 30-night pack, £4.99 for a ten-night trial pack.

Clear Sport nasal strips are targeted at sportsmen and women who want to maximise their performance through increased airflow and improved oxygen intake. The strips are transparent so there is no eye distraction during sports use. Retail price is £4.99 for a ten strip pack.

Both products are packed in a display outer. Clip strips are available (12 units per outer).

**Paul Murray plc.**  
Tel: 01703 268444.

## New skin system takes dual approach

Medical Innovations has introduced a new product system designed to increase skin thickness by nourishing both internally and from the outside.

Developed by a consultant surgeon backed by a team of Norwegian scientists, the Skingain system comprises capsules, Day Cream, Night Cream and Body Bronze.

The main ingredient of the capsules is marine protein derived from fish cartilage. The capsules also contain a composite of silicon, plant extracts, antioxidants, vitamin B complex, magnesium and calcium.

Retail prices are £19.95 for 60 capsules (one month's supply), £16.95 for the day and night creams and £9.95 for Body Bronze.

**Medical Innovations.**  
Tel: 01204 842830.

## Paracetamol line joins Novartis 'Tixy' range

Novartis is adding a children's paracetamol suspension to its established 'Tixy' range of cold and cough remedies.

Tixymol, which will be available from January, is a sugar-free, colour-free, strawberry-flavoured suspension containing paracetamol 120mg/5ml. It comes in two pack sizes: 100ml - retailing at £2.15, and 150ml - retailing at £3.19.

Another feature of Tixymol is its consistency which means it is less viscous and pours more easily than some existing paediatric paracetamol suspensions.

To reinforce Novartis' commitment to pharmacy, Tixymol will only be licensed as a Pharmacy product. The company is also planning trade incentives, PoS material and staff training evenings.

In addition, the company is investing £2 million in an advertising and support campaign solely for Tixymol which will include television advertising early next year.

**Novartis Consumer Health. Tel: 01403 210211.**



## Canderel shapes up with new dispenser

Monsanto will be introducing a new look for its Canderel sweetener tablet dispenser in time for the New Year.

The dispenser has been redesigned with a more tactile 'pebble' shape and the packaging has been updated with a colourful sunburst logo. It is available in two sizes - 100 tablets (rsp £1.63) and 300 tablets (rsp £4.38).

The new sunburst design will also appear on the packaging for the rest

of the Canderel range. The move is designed to reflect the brand's image as part of an everyday healthy lifestyle and diet.

The range will be supported by a £3 million national TV advertising campaign which breaks on Boxing Day to capitalise on the traditional peak within the healthy eating market.

**Chemist Brokers.**  
Tel: 01705 222500.

## Hot news for pain relief market

The Heat Pack, manufactured in South Africa, has just been introduced in the UK.

The reusable, non-toxic product gives a heat output of up to 57°C. It is suitable for the relief of sports injuries, headaches, stress and tension, toothache, muscle spasm and osteoarthritis as well as other pains.

The product is used by clicking the activating button until a white liquid is dispersed. The solution should then be massaged through the pack for ten seconds for maximum heat.

It is available in five designs. Retail prices range from £8.99 to £34.99.

**Direct Heat UK Ltd.**  
Tel: 01737 226635.

## AAH launches 1999 calendar

AAH Pharmaceuticals has launched a 1999 promotional calendar for pharmacies.

January promotions highlight products surrounding smoking cessation, dietary foods and analgesics. Moving through the year, April promotions will feature hay fever and sun preparations and July will focus on preparations for holidays such as anti-diarrhoeal treatments and travel sickness products.

The programme will include in-store promotions, couponing and bulk buying offers.

**AAH Pharmaceuticals Ltd.**  
Tel: 01203 432400.

## Christmas cracker from BR

BR Pharmaceuticals is introducing a Valupak vitamins and supplements starter pack offer for the festive season.

The pack comprises a case each of the three-month tubs of Evening Primrose Oil and Multi Vitamin and Mineral and six-month tubs of Odourless Garlic, Cod Liver Oil, Multi Vitamins and Iron and Chewable Vitamin C.

Consumer information leaflets and shelf edge cards are included and the pack costs £48.24 plus VAT (trade).  
**Trinity Sales and Marketing Ltd.**  
Tel: 01483 225691.



## Battery-operated toothbrush springs into action

Periproducts is launching a new spring action battery-operated electric toothbrush.

The Oral Spring Personal toothbrush has been developed to remove plaque and minimise the problem of enamel abrasion and receding gums associated with over zealous toothbrushing.

The toothbrush features a tiny spring under each tuft of bristles. Using a gentle vibrating action, the spring-loaded bristles massage the gums and remove plaque.

The product is supported by research from Boston University which shows that abrasion levels are significantly lower with spring supported bristles due to the shock absorbing effect of this technology.

Retail price is £16.99 and spare heads retail at £8.49 for three.

**Trinity Sales and Marketing.**  
**Tel: 01483 225691.**

## Everyday cold protection in extreme temperatures

Novartis Consumer Health is introducing an SPF 4 variant in its Piz Buin Extreme line which is designed to protect against the severe conditions of a mountain environment.

The product is suitable for people with darker skin tones or who tan easily. It is also suitable as an everyday cold protection in extreme temperatures, and features an anti-freeze, water-free formulation.

Retail price is £6.99 (40ml).

**Novartis Consumer Health.**  
**Tel: 01403 210211.**

## At the heart of the matter

With St. Valentine's Day and Mother's Day in mind, Bronnley will be introducing a romantic new gift box for one of its soaps in January.

Pink Bouquet Almond Oil soap (75g) is presented in a heart-shaped trinket box covered in deep red chintz. Retail price is £4.95.

It is available to the trade in merchandisers of 12 for £32.04.

**H Bronnley & Co. Ltd.**  
**Tel: 01280 702291.**

## Fujifilm's cuddly gift for Christmas

Fuji Photo Film is running an appealing Christmas promotion in independent chemists through Trinity Sales & Marketing.

Free cuddly hedgehog toys are being offered with purchases of film and single use cameras.

**Fuji Photo Film (UK) Ltd.**  
**Tel: 0171 586 5900.**



## Going under cover with Revlon

Revlon will be launching a new Complexion Concealer in January.

The product is suitable for covering blemishes, fine lines and under-eye shadows. It has a silicone-based formula to give a long-wearing finish.

Containing vitamins A and E, the

fragrance-free formulation comes in three shades - Natural Beige, Sand Beige and Warm Beige.

Retail price is £5.95.

**Revlon International Corporation.**  
**Tel: 0171 491 5378.**

## Cacharel women's scent for next spring

Prestige & Collections plans to launch a new women's fragrance in its Cacharel range on February 27.

Called Noa, the feminine fragrance has notes of white peony, white musk, coriander and coffee.

It will be available in three sizes of EDT spray. Approximate retail prices will be £15 (30ml), £24 (50ml) and £50 (100ml).

**Prestige & Collections Ltd.**  
**Tel: 0181 979 6699.**

### ON TV NEXT WEEK

**Askit:** GTV, STV, C4, GMTV

**Beechams Flu Plus Capilets:** U

**Benylin:** All areas plus C4

**Deep Relief:** C4, C5

**Deflatine:** GTV, STV, B, G, Y, TT

**Gaviscon:** All areas except CTV, GMTV, TSW

**Nytol:** All areas

**Prospan:** Sat

**Ralgex:** Sat

**Rennie:** All areas except CTV

**Setlers Wind-eze:** All areas

**Seven Seas Extra High Strength Cod Liver Oil:** C4, C5

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

### Imodium™ Plus

#### Essential Information

**Presentation:** Chewable tablet containing Loperamide Hydrochloride Ph Eur 2 mg and Simethicone USP equivalent to 125mg polydimethylsiloxane.

**Indications:** Treatment of acute diarrhoea of any cause and its commonly associated symptoms; abdominal discomfort, bloating, cramps and flatulence.

**Dosage and administration:** Adults and children over 12: Two tablets initially, followed by one tablet after every loose stool.

**Maximum dose:** Four tablets in 24 hours, limited to no more than 2 days.

**Contra-indications:** Hypersensitivity to any component of the product. Acute dysentery characterised by blood in stool or high fever. Acute ulcerative colitis or antibiotic-related pseudomembranous colitis.

**Precautions:** In patients with (severe) diarrhoea, fluid and electrolyte depletion may occur. In such cases, appropriate fluid and electrolyte replacement should be considered. If symptoms persist for more than 48 hours, treatment should be stopped and a doctor consulted.

Imodium™ Plus should only be used during pregnancy or lactation on the advice of a doctor. Medical supervision is required in patients with severe liver dysfunction.

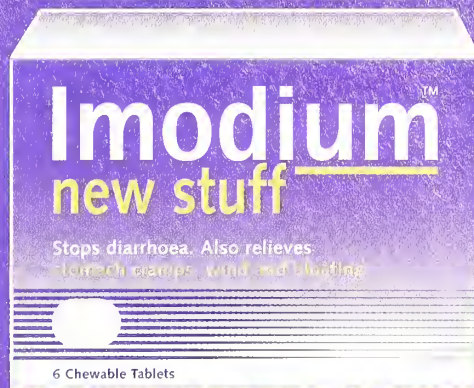
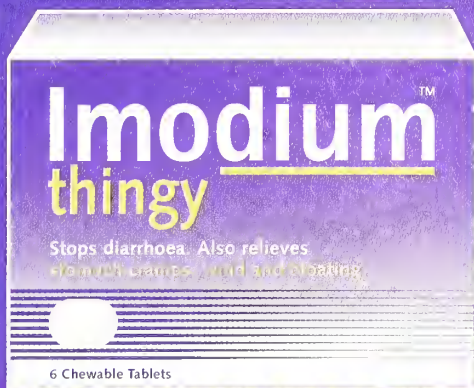
Avoid when inhibition of peristalsis is undesirable. Discontinue if constipation and/or abdominal distension develop.

**Side effects:** Nausea, hypersensitivity reactions (e.g. skin rash), constipation and/or abdominal distension. Rarely, paralytic ileus, usually following improper use. Other effects typical of acute diarrhoeal states such as, vomiting, tiredness, drowsiness, dizziness and dry mouth may be seen in low incidence.

**Treatment of overdose:** If CNS depression or paralytic ileus occur following an overdose, naloxone can be given as an antidote. Repeated doses of naloxone may be required. The patient should be monitored for CNS depression for at least 48 hours.

**Price:** 6 tablets £3.45, 18 tablets £7.95. **Legal category:** P. **PL:** 00242/0314. **PL Holder:** Janssen-Cilag Limited, Saunderton, High Wycombe, Bucks HP14 4HJ. **Date of preparation:** November 1998.





**What they're looking for is plus.**



**Loperamide and Simethicone**

When acute diarrhoea sufferers aren't sure which Imodium to ask for, recommend Imodium Plus. It's the unique diarrhoea formulation that's clinically proven to offer a new level of speed and symptom relief.\* Only available through pharmacies.

**More relief than loperamide alone.\***

For further information contact your Johnson & Johnson • MSD Territory Manager or write to: Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494-450778. \*Ref: Kaplan.M. et al Gastroenterology 1997; (4,suppl)

**Johnson & Johnson • MSD**  
CONSUMER PHARMACEUTICALS



# Have potty, will travel

Paul Murray has added the Potette portable potty to its Junior Macare range. New packaging has been introduced for the product which was first launched five years ago.

Potette comprises a neat foldaway potty frame (9x2ins when folded) with a plastic, disposable bag and an absorbent pad. The bag and pad are fragranced and airtight.

After use, the bag is simply tied and thrown away.

Although designed for permanent use, its foldaway design makes it suitable for out-of-home usage. The new packaging shows the product fully assembled, with liner and

absorbent pad visible. Instructions and illustrations clearly show how easy it is to use.

The product retails at £5.99 and extra bags of ten liners are available for £1.99.

● The Junior Macare range is also being extended with two new soothers - a rattle product (rsp £1.49) and a decorated orthodontic soother (rsp £2.49). Available with a protective teat and carry case, both products

are sold in pairs.

Other new additions to the range include two baby bottles and a first sports bottle for children.

**Paul Murray plc.**  
Tel: 01703 268444.



## IN BRIEF

### Resolve on radio

Seton Scholl Healthcare is supporting Christmas sales of its Resolve hang-over relief with a \$400,000 radio campaign starring 'Men Behaving Badly' celebrities Martin Clunes and Caroline Quentin. On air from the end of November, the humorous campaign will run throughout December.

**Seton Scholl Healthcare.**

Tel: 0161 654 3000.

### GSL status for Vagisil

Combe International's Vagisil Cream and Lanacane Cream, which were P products, now have GSL status.

**Combe International Ltd.**

Tel: 0181 680 2711.

### Endekay Fluoride supplements

Stafford-Miller has licensed the

rights to Endekay fluoride supplements for the UK and Eire to Manx Pharma.

**Manx Pharma Ltd.**

Tel: 01622 766389.

### Duracell promotion

Duracell will focus on its 9V batteries in an in-store promotion during January and February. The promotion is supporting a Home Office campaign which advises consumers to check and change their smoke alarm battery. A striking header card features TV fire-fighter Andrew Kazamia holding a 9V battery. It has the strapline 'Take it from me: this could save your life'.

**Duracell UK Ltd.**

Tel: 01293 517527.

## Boost for acne treatment

Galderma is currently supporting its Acnecide acne treatment with a new advertising campaign in teenage magazines. Containing benzoyl peroxide, the range is formulated to be effective for mild to moderate acne and to be kind to the skin.

**Galderma (UK) Ltd.**

Tel: 01494 432606.

## National Gargling Week

Pfizer Consumer Healthcare will be boosting sales of TCP with the brand's sixth National Gargling Week from January 25-31. Activities will include a radio campaign which focuses on the fun of gargling with TCP, as well as the benefits for sore throat sufferers.

**Pfizer Consumer Healthcare.**

Tel: 01420 84801.

# Hard on acne Soft on skin

Acnecide is the benzoyl peroxide gel with an advanced formulation containing microbeads loaded with glycerin.

The benzoyl peroxide content kills the bacteria that contribute to the inflammatory process of acne.

The microbeads absorb sebum, helping to unblock follicles, and then release the glycerin, leaving the skin moisturized and soft.

In addition, Acnecide is an aqueous gel, so it is less likely to irritate skin than alcohol based products.

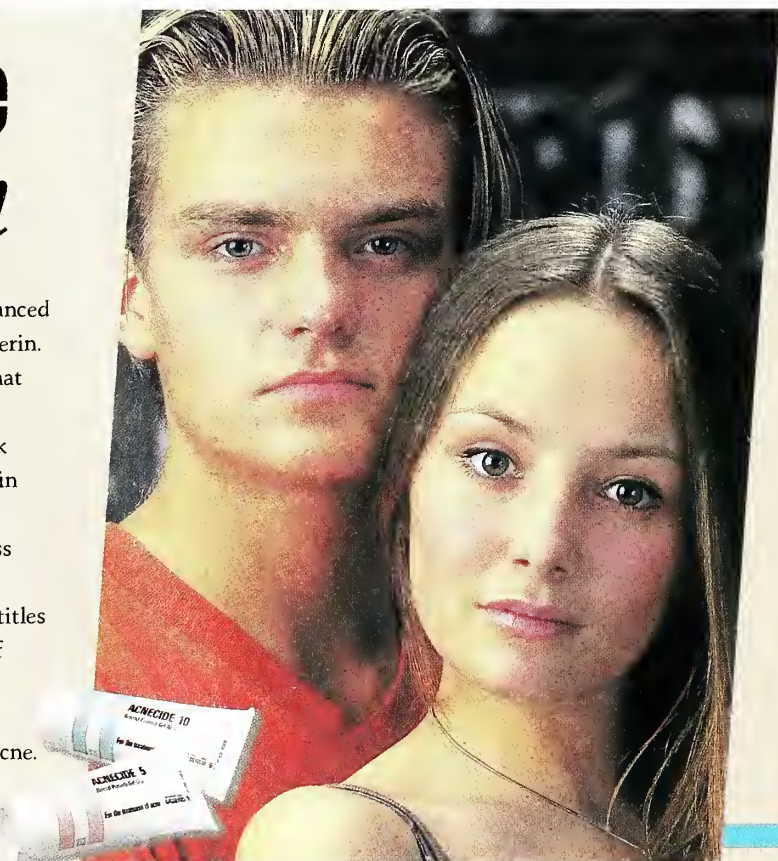
With an advertising campaign in leading teenage titles we will be making many of your customers aware of these unique benefits of Acnecide.

So make sure you keep Acnecide in stock, and recommend it with confidence for mild to moderate acne.

# ACNECIDE®

**BENZOYL PEROXIDE AQUEOUS GEL WITH ACTIVE RELEASE MOISTURIZER**

Further information is available from: Galderma (UK) Limited, Leywood House, 47 Woodside Road, Amersham, Bucks HP6 6AA. Tel: 01494 432606 Fax: 01494 432607. Legal category: P





*She's just waking up  
The first thing she'll think of is her pharmacist*

Actually the first thing she thinks of is a cigarette. But NiQuitin CQ and her pharmacist's advice helped her get over it. When recommended NiQuitin CQ, she also enrolled in the Committed Quitters Stop Smoking Plan. The continuous support she receives is personalised just for her, keeping her motivated and in control.

She knew the mornings would be tough. But she was confident her NiQuitin CQ patch would relieve enough of the cravings to keep her calm all day. And why does she think of her pharmacist? Because that's where she got the right recommendation and advice to make her success possible.

**NiQuitin CQ.**  
Nicotine  
STOP SMOKING AID

HELP HER STAY CALM, IN CONTROL - AND QUIT

**NiQuitin CQ Product Information. Presentation:** Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm<sup>2</sup> patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day preferably

soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypotension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other

nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; NiQuitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.



# Medical matters



## Try health education instead of antibiotics, PPA tells GPs

Healthy adults with acute cough should not be given antibiotics, but given health education advice instead, according to the latest PACT report.

The Prescription Pricing Authority says that giving the advice "may take longer than writing a prescription on the first occasion, but such health education will hopefully result in more self-medication in the first instance and fewer GP consultations in future".

There should be practice leaflets available for patients about antibiotics

and a practice formulary of antibiotics for first line use, the PPA believes. Last year, 46 million scripts were written for antibacterials, at a cost of £216m.

Considerable variation exists between health authorities in the prescribing of penicillins. There is also a six-fold difference in co-amoxiclav prescribing. Co-amoxiclav accounts for 17 per cent of the usage, but 34 per cent of the cost of antibiotic prescribing.

Use of minocycline has fallen 34 per

cent since 1996, while the average period of treatment for oxytetracycline has increased from 15 to 21 days, suggesting it may have replaced long-term minocycline in conditions like acne.

The national ratio of trimethoprim to co-trimoxazole usage has risen from 1:1 in 1992 to 43:1 today. Increased use of ciprofloxacin means that it now accounts for 2 per cent of usage and 11 per cent of the total amount spent on antibiotics.

## Progestogen-only regimen for new emergency pill

Progestogen-only emergency contraception is being recommended as an alternative to an oestrogen/progestogen combination, in the latest clinical practice guidelines from the Royal College of Obstetricians and Gynaecologists.

Using data from a recent World Health Organisation study, the College says that, where possible and in the absence of clinical contraindications, all women requiring emergency hormonal contraception should now be offered the choice of combined or progestogen-only regimen.

The latter was previously reserved for cases where the former regimen was contra-indicated, eg a history of thromboembolism and migraine (with history of aura) at presentation.

However, as no product is licensed for progestogen-only contraception, prescribers will have to consider for themselves the medico-legal implications of prescribing off licence. Until a product is granted a licence, progestogen-only emergency contraception will be restricted to named patient-only supply.

In the meantime, the RCOG is urging primary care services, including pharmacies, to collaborate and revise existing information and local service arrangements. These might include a review of management of 'out of hours' requests for emergency contraception, and strategies for educating women on how to make most of the services available.

Postinor-2, the named-patient 750mcg levonorgestrel pill (see *Script*

*Specials* November 14, p8), is being supplied from Hungary by Gideon Richter through Medimpex (0171 266

2669). The company plans to file for a licence with the Medicines Control Agency in December.

## Smoking will kill 100m Chinese men

Tobacco will kill one-third of the Chinese male population now under 29 by the time they reach middle age, amounting to some 100 million men, suggests a study in this week's *British Medical Journal*.

The largest ever investigation into the hazards of smoking has been conducted in China, whose population now consumes one-third of the world's cigarettes. The smoking habits of 700,000 adults who had died of neoplastic, respiratory or vascular causes were compared to a reference group of 200,000 who had died of other causes.

The results showed that, of tobacco related deaths in China, 45 per cent are from chronic lung disease, 15 per cent

from lung cancer and 5-8 per cent from each of oesophageal, stomach or liver cancers, stroke, ischaemic heart disease and tuberculosis.

The study also found that two-thirds of men now become smokers before 25, and about half of those who continue will eventually be killed by tobacco. Smoking is becoming less prevalent among women and this is reflected in tobacco-related death rates: 13 per cent in men (expected to rise to 33 per cent) compared with 3 per cent in women (expected to fall to 1 per cent).

If present trends continue, about a third of the 0.3 billion Chinese males now aged under 30 will die from smoking related diseases.

## Ecstasy derivatives pose new danger

New designer drugs are emerging with 33 times the potency of Ecstasy, according to the National Criminal Intelligence Service.

NCIS believes dealers are diversifying away from Ecstasy to stronger and more lethal derivatives such as DOB (4-bromo-2, 5 dimethoxy-amphetamine) and Flatliners (4 methylthioamphetamine), posing a new danger to recreational drug users.

DOB, also referred to as Golden Eagle, is thought to be 33 times the potency of Ecstasy while Flatliners have been responsible for three deaths so far this year.

Les Fainder of the NCIS drug's unit says dealers are pushing any substance, counterfeit or real, that they can sell. "The diversification of the Ecstasy market could lead to further fatalities," he warns.

### SCRIPT SPECIALS

#### Paranet on the Drug Tariff

Paranet porofin gauze (light loading) single piece dressings will be available on the Tariff from December 1. Vernon-Corus. Tel: 01772 627855.

#### Mintran transfers

From December 1, Mintran (glyceryl trinitrate) 5mg, 10mg and 15mg transdermal patches will be transferred from Boyer to 3M Health Care. 3M Health Care. Tel: 01509 611611.

#### CP Pharmaceuticals additions

Timonil (corbamazepine) Retard tablets 200mg and 400mg (30, £2.55 and 30, £5.05) and sulpiride tablets 200mg (30, £5.98) have been added to CP's generics range. CP Pharmaceuticals. Tel: 01978 661261.

#### Aurum ephedrine injection

Aurum has launched ephedrine hydrochloride injection 3mg/ml ampoules (basic NHS price 10 x 10ml ampoules is £27). Distripur UK will be handling distribution.

Aurum Pharmaceuticals. Tel: 01403 786781.

#### Coloplast rationalisation

As part of a rationalisation programme Coloplast is to discontinue colostomy products in the following ranges from April 1999: Assura, Regular, Extro, K-Flex, MC2000, MC2002 and PC3000. Customers are advised to keep stock until April, after which time credit will be given for any surplus. For more details of the products affected and recommended alternatives contact:

Coloplast. Tel: 01733 392000.

#### Nifedipine from Sterwin

Sterwin has introduced controlled release nifedipine as Slofedian XL. Two strengths are available: 30mg and 60mg (£11.50 and £15.40 respectively for packs of 28 tablets). Sterwin Medicines. Tel: 01483 505515.

#### Chew it over with Wrigley

Wrigley has produced a patient leaflet on dry mouth (xerostomia) to be given out by pharmacists to anyone prescribed drugs that cause this condition. Dry mouth is associated with more than 400 prescription drugs. Copies from Wrigley Oral Healthcare in Action on Freephone 0800 0564 563.





*She's about to offer him a cigarette  
He's about to think of his pharmacist*

The fact is, he's thinking hard about that cigarette. But, because his pharmacist recommended NiQuitin CQ, he can overcome the temptation. The NiQuitin CQ patch is taking the edge off his urge to smoke. He also enrolled in the unique Committed Quitters Stop Smoking Plan. The CQ Plan is personalised just for him, and it's keeping

him motivated and in control, particularly in situations like this. That's why he knew social situations could be difficult. And that's how he knew the best way to deal with them. So why think of his pharmacist? Because the patch, the plan and the commitment all started with his pharmacist's recommendation.

**NiQuitin CQ**  
Nicotine

STOP SMOKING AID



HELP HIM STAY CALM, IN CONTROL - AND QUIT

**NiQuitin CQ Product Information. Presentation:** Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm<sup>2</sup> patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day preferably

soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other

nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P **Product licence number:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; NiQuitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.



# The battle for RPM

The Community Pharmacy Action Group is confident that resale price maintenance on medicines stands a good chance of survival. **Adrienne de Mont** looks at the state of play in the run up to the first court hearing

**R**PM is not dead - far from it. The leave hearing - which was initially scheduled for December 7-8 but might now be delayed (see News) - will merely decide if there is a case for the Restrictive Practices Court to re-examine whether RPM is still in the public interest. If the decision is yes, the full hearing would be about a year later. Until then, RPM should remain in robust good health with the continued support of manufacturers.

The Community Pharmacy Action Group is confident it can put up a good fight.

John D'Arcy, National Pharmaceutical Association director, says: "We're certainly optimistic. Three years ago, when CPAG was set up, the general view was that we would be defeated within a few months - that companies would give in as they did over the net book agreement. But the campaign has twisted and turned. When we thought we were losing, it changed tack. The great thing about CPAG is that it got community pharmacy, the industry and wholesalers all speaking with a common voice."

It is highly likely that the leave hearing will decide the matter should go to the full court. The director general of fair trading must show there has been a "material change in the relevant circumstances" since the court last decided that RPM was in the public interest. The fact that this last hearing was almost 30 years ago is likely to persuade the judge and lay panel that there is a need for a further review, in which case the onus would be on the director general to prove



An early day motion in favour of RPM was signed by 194 MPs

that RPM is not in the public interest.

CPAG chairman David Sharpe says: "It is important to stress that referral of this case to a full hearing does not suggest the court accepts the arguments made by the director general of fair trading. We will go on fighting our campaign in 1999 to protect people's access to the advice and healthcare offered by their local pharmacist."

John D'Arcy is concerned that some lay journalists are writing as if RPM is already extinct. "We're keen to make clear that RPM has a long way to go. If we're spending a lot of money campaigning, we don't want people to think it's a lost cause."

He estimates it will cost a further £1 million to continue the campaign and fund next year's court case. CPAG is footing the bill which means that, in effect, all pharmacists and other members of CPAG organisations will contribute through their membership fees. There may have to be additional attempts at fund-raising.

## The original case

In 1970 the court decided that, if minimum prices were abolished on medicines, larger retailers would be able to discount OTC brands and

undercut community pharmacies, driving many out of business. This would substantially reduce the variety of medicines available and the number of outlets able to supply a full range of medicines.

The court also felt that, if pharmacies disappeared, the public would lose the benefit of the professional advice they offer. The people likely to suffer most would be the old, the infirm and mothers of young children.

So the verdict was that "ease of access to a chemist shop is a matter of public importance" and that "a plentiful and well distributed supply of such shops is therefore desirable".

## The case in 1999

The full court would have to base its decision purely on the public interest.

The major points in favour of RPM are listed below.

- Without a viable alternative there will be reduced access to a wide range of medicines, as well as the healthcare advice essential for responsible self-medication. Supermarkets will stock only fast-moving GSL lines, not the wide range held by pharmacies.

- RPM enables people to buy

medicines at the same price wherever they live and shop.

- It prevents medicines being promoted on price, which could encourage people to choose the cheapest rather than the most suitable medicine. Impulse or bulk buying could lead to the use of out-of-date stock and unsafe storage in the home.

- RPM ensures that medicines are treated as special consumer goods, encouraging more responsible self-medication - in line with the Government's public health strategy.

- Far from being uncompetitive, the UK non-prescription market is highly diverse, with keen pricing between rival brands, own brands and generics.

- The British public generally pays less for its non-prescription medicines than consumers in nearly all other northern European countries.

CPAG argues that easy access to informed, professional advice and a wide range of medicines is more important than small price reductions on a limited range of nationally advertised medicines. A key weapon in CPAG's evidence is the importance of maintaining an adequate network of community pharmacies, because:

- every day over one million people ask for free, health-related advice in Britain's 12,000 pharmacies

- GPs spend over a third of their surgery time dealing with complaints that could be safely and conveniently managed by pharmacists. The loss of a comprehensive pharmacy network would add considerably to the GP workload

- the average price of a non-prescription medicine is £2.03, while the average cost of a GP consultation is £24. So the NHS pays 12 times more if a person goes to the doctor for a prescription instead of self-medicating. If just one-tenth of people buying medicines from a pharmacy were to see a doctor instead, the annual cost to the NHS would be more than £4.7 billion.

CPAG believes the case for RPM is stronger today than it was in 1970. Pharmacies are even more vulnerable now. With the drastic cuts in profits from NHS dispensing, they are more dependent on non-prescription medicine sales. Deregulation of P medicines to GSL means greater competition from non-pharmacy outlets. In 1996 a DeloitteTouche survey found that up to 3,000 pharmacies would close if RPM were abandoned.

Pharmacies are being put at risk at

Continued on P18 →

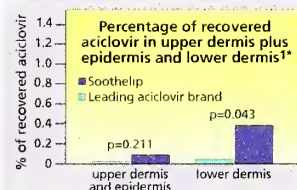




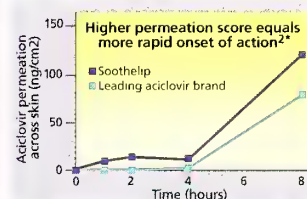
Deep down  
we're better than  
the original:  
Surprised?

**D**on't be misled into thinking that antiviral Soothelip doesn't perform as well as the original aciclovir cream. In fact, in some ways, especially penetration, it's significantly better.\*

• Proven to penetrate more deeply<sup>1</sup> – so it can get to work on the virus and reduce the healing time of cold sores which have already appeared.



• Really fast absorption<sup>2</sup> – so when used at the first sign of a tingle it can stop the virus replicating and a cold sore forming.



• More soothing ingredients – contains emollients which can gently moisturise lips to prevent drying.

• More staying power – contains dimethicone which forms a protective water repellent barrier to help prevent accidental removal.

• More accessible – to new users and those using other brands, because it's affordably priced.

• More stylish advertising – effectively stimulates sales from new young consumers.

So why recommend the original aciclovir when Soothelip gives you more value?

#### SOOTHINGLY ANTIVIRAL



**NOTHING WORKS BETTER  
TO STOP, HEAL  
AND SOOTHE COLD SORES**

**PRODUCT INFORMATION:** Soothelip for Cold Sores: contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of cold sore infections. **Dosage and Administration:** cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Contra Indications:** hypersensitivity to aciclovir or any of the other ingredients. Do not use in eyes. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before using Soothelip if they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Side effects:** Transient burning or stinging following application of aciclovir cream may occur in some patients. Mild drying or flaking of the skin, erythema and itching has been reported in a small proportion of patients. Contact dermatitis has been reported rarely following application. **Basic NHS Cost:** 2g cream, containing 5% w/w aciclovir £4.49. **Product Licence Number:** 0142/0426. **Licence Holder:** Cox Pharmaceuticals, Barnstaple, EX32 8NS. **Sold and Distributed in the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Legal Category:** [P]. **Date of Preparation:** November 1997. **REFERENCES:** 1. Data on file. Percentage of recovered aciclovir in upper dermis plus epidermis and lower dermis. 2. Data on file. Comparison of aciclovir permeation (ng/cm<sup>2</sup>) across skin during first eight hours. \*In vitro testing

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→Continued from P16

a time when their value in cutting NHS costs is becoming more widely appreciated.

Fortunately the warning about pharmacy closures is still a powerful message, says John D'Arcy, although it has often been used before. But it highlights a paradox: "While consumers love pharmacy, the message still doesn't seem to have got through to politicians, maybe because they're not regular pharmacy users. Another paradox is that the Government is desperate for help in the NHS, with GP surgeries brimming over, but pharmacies are under threat because of some competition measure."

## The case against

The Office of Fair Trading will claim that:

- the number of pharmacies is no longer declining
- the main reason why consumers visit pharmacies today is to obtain prescriptions and not, as in 1970, to buy proprietaries (although CPAG has data to the contrary)
- income from NHS dispensing now accounts for a large proportion of pharmacists' turnover and gross profit, whereas the importance of non-price maintained goods has fallen
- the clustered distribution of pharmacies in some areas is inefficient and the closure of less viable outlets might improve the profitability of the remainder
- supermarkets do not all stock only a narrow range of fast-moving products
- there has been an increase in own-label, non-RPM medicines available at much cheaper prices than branded equivalents
- there have been dramatic price increases of a number of popular branded proprietaries since 1970
- there has been a strong growth in pharmacy chains which can obtain good discounts and withstand the pressure of price competition.

## Support from inside

In theory, Boots is one of the pharmacy chains that could hold its own in a price war. But the company remains "absolutely committed to the retention of RPM", says Ian Wright, director of communications. "Clearly we have an obligation to prepare a contingency plan for any situation where RPM is not enforced by the manufacturers, but we are strong supporters of RPM and will remain so. The survival of RPM is the key to a strong network of pharmacies."

Another supporter is the PAGB. Executive director Sheila Kelly questions whether supermarkets

would cut prices if RPM fell.

"There's an assumption that prices would be lower, but supermarkets won't cut the prices of everything and they won't cut prices all the time. They are in business to make a profit. They are very strategic with their discounts. OTC medicines are often seasonal so supermarkets are likely to operate seasonal price cuts but will not necessarily offer cheaper prices year round.

"Medicines are not like baked beans, which customers might buy every week. If a hay fever sufferer sees a discount on a hay fever remedy it's only human nature to take the offer when it's available. But one decision to buy now takes

someone out of the market for several months - which is a potential loss to pharmacy."

Her answer to the director general of fair trading's claim that some medicine prices have increased dramatically, is that so have many other consumer goods - medicines are no exception.

The Proprietary Articles Trade Association is another association supporting pharmacy. Set up in 1896, one of its main functions has been to ensure that proprietary medicines are sold at retail prices specified by manufacturers. So would the demise of RPM mean the demise of the PATA?

Director Gerry Harraway says: "I'm optimistic that we won't lose the case. If we did, PATA could take on other responsibilities but we would obviously have to put a lot of thought into it. Being a registered association, it would by law have to write these other activities into its constitution."

PATA investigates about 150-200 cases of price-cutting a year, and there has been a steady increase recently.

## Support from outside

An early day motion in favour of RPM on medicines was signed by 194 MPs - 160 were Labour. Throughout CPAG's campaign on the Competition Bill, which sought to abolish restrictive practices, there was impressive support from peers and MPs of all parties. David Sharpe said he had never seen such support for pharmacy in his 30 years in pharmacy politics.

In June, when the Government first agreed there was an important case for retaining RPM, he said: "We will be able to use the very valuable comments made by ministers in our evidence to the court."

During a debate in the House of Lords on October 20, Lord Simon of Highbury, minister for trade and

industry, said: "We would expect the court to take full account of the role played by local pharmacies and the harm that would be caused if, as some pharmacists fear, many would be unable to survive without RPM."

Certainly the Government recognises the important role that independent pharmacies play in providing valuable advice as well as medicines, encouraging community life, reducing

transport use and making life easier for those less fortunate in the community."

Superdrug is in favour of abolishing RPM, which it believes does not serve the best interests of consumers. "But we understand the concerns of independent

pharmacists and think the Essential Small Pharmacies Scheme should be strengthened to help those who might be affected," a spokeswoman said.

The company is not submitting independent evidence to the leave hearing.

## The timing

1970 The Restrictive Practices Court decided that RPM on medicines was in the public interest. Since then it has been a voluntary agreement entered into and enforced by individual manufacturers, who can insist that their goods are sold at a set price.

1976 The Resale Prices Act made a general prohibition on price maintenance but medicines were exempted under an order of the court from 1970.

September 1995 Collapse of the net book agreement, which left OTC medicines as the only price-maintained goods. Asda had already cut prices on its books and voiced opposition to price-setting on medicines.

October 1995 Asda started a campaign against RPM with price cuts on a range of vitamins. Later attempts at price-cutting included medicines; in 1997 a campaign focusing on children's medicines sought to remove the "unfair health tax" on families. Prices were restored when manufacturers obtained injunctions. October 1995 CPAG was set up, representing the main pharmacy organisations, including the Company Chemists' Association, and supported by the PAGB and the PATA.

July 1996 The Office of Fair Trading announced a review of RPM on medicines.

October 1996 The director general of fair trading, John Bridgeman, said the OFT was referring RPM to the

Restrictive Practices Court.

1997 Asda lodged a complaint with the EC that RPM breaches Article 85 of the Treaty of Rome, which guarantees free trade between member states.

January 1998 The director general of fair trading finally started legal proceedings to bring RPM on medicines to an end. CPAG was lobbying for RPM to be exempt from the Competition Bill, passing through Parliament, and saw the OFT move as a cynical attempt to frustrate these negotiations. CPAG could have faced two costly legal actions - one under existing law and, if the director general had lost his case against RPM under this law, he could then have made a further attempt under the new competition law.

November 1998 The Competition Bill received Royal Assent after a stormy passage. Originally the Bill sought to prohibit restrictive agreements, subject to exemptions argued before the director general of fair trading. CPAG lobbied in the House of Lords for an amendment to prevent the Restrictive Practices Court from examining RPM on medicines for five years, but the Government overturned the amendment. The House of Commons later agreed that the court should consider the matter under the old law but that RPM should continue for five years if the court decided it was still in the public interest. The government was concerned that the European Court would intervene if the case was not heard in the UK. The European Commission would have felt obliged to take up Asda's complaint if parliament had stopped the UK court from examining RPM.

December 7-8 (but may be delayed) A short hearing, which might last only one day, in which the OFT has to provide sufficient evidence of change to justify a full court hearing. The judge and a lay panel will assess written evidence from both sides. There will be no oral submissions. An immediate decision is expected.

Summer/Autumn 1999? If the OFT is successful in the first hearing, a full court hearing will decide the future legality of RPM.

March 1, 2000 Implementation of the Competition Act, which brings the UK into line with the EC. The Commission is committed to decentralised enforcement so is willing for the RPM issue to be settled in the UK court. If RPM survives the 1999 battle, it will be protected for five years under the new Act. Under this legislation, the burden of proof that RPM is in the public interest would rest with its protagonists, rather than, as at present, with the director general of fair trading. The arbiter under the new law would be none other than ... the DGFT.

**"If RPM survives the 1999 court battle it will be protected for five years under the Competition Act"**





# Some more great reasons to join the APS Patient Pack Programme...



...and one easy way to reply

The deadline has now passed for responses from all interested parties to the MLX consultation document published by the Medicines Control Agency on compliance with European Council Directive 92/27/EEC which becomes fully applicable from the 1st January 1999.

The MLX states that the Directive "requires that medicines should be supplied to consumers with full information on the label and with an accompanying leaflet to facilitate safe correct use." It also states "to ensure that patients always receive the information, the [UK] Regulations also place a duty on all those in the supply chain including wholesalers, dispensing doctors and pharmacists to supply an approved label and leaflet with the medicine."

It is still unclear on how and when these [UK] Regulations will be enforced, however APS believe that the dispensing of unsplit patient packs containing all the relevant information is the only safe, practical and cost effective means of compliance with the Directive. Therefore, APS will continue to launch products that conform to the Directive and intend to ensure that all its customers receive full support during these important changes in legislation by the introduction of the 'APS Patient Pack Programme'.

**APS** To find out more, join the APS Patient Pack Programme today by filling in the attached coupon.



**JOIN TODAY,  
IT'S FREE!**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

Please return your coupon to:

The Marketing Department, APS BERK, Leeds Business Park,  
18 Bruntcliffe Way, Morley, Leeds LS27 0JG.  
Tel: 0113 238 0099 Fax: 0113 238 1501

The Marketing Department, APS BERK, Leeds Business Park,  
18 Bruntcliffe Way, Morley, Leeds LS27 0JG.  
Tel: 0113 238 0099 Fax: 0113 238 1501



#### Prescribing Information

##### **E45 Emollient Wash cream**

White, non foaming, creamy emollient soap substitute which contains Paraffinum Liquidum, Cera Microcrystallina, Zinc Oxide, Laureth-4, Polyethylene, Cetyl Dimethicone, Aluminium Stearate, BHT, Stearic Acid.

##### **Uses**

For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.

##### **Dosage and Administration**

Adults and children: Use as required.

##### **Contra-indications,**

##### **Warnings etc**

E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.

**Package Quantities** 250ml pump pack.

**Basic NHS cost** 250ml £2.75.

**Status** ACBS listed.

**Manufacturer** Crookes Healthcare Ltd, Nottingham NG2 3AA.

**Date of Preparation**

October 1998.

##### **E45 Cream**

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

##### **Uses**

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

##### **Dosage and Administration**

Adults and children: Apply to the affected part two or three times daily.

##### **Contra-indications,**

##### **Warnings etc**

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

##### **Package Quantities**

Tubes containing 50g. Tubes containing 125g and also 500g.

##### **Basic NHS Cost**

50g £1.18, 125g £2.39, 500g £5.61.

**Legal Category** G5L.

**Product Licence Number** PL0327R/5904.

**Product Licence Holder**

Crookes Healthcare Ltd, Nottingham NG2 3AA.

**Date of preparation**

October 1998.

##### **E45 Emollient Bath oil**

Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.

**Legal Category** ACBS listed.

**Date of preparation**

October 1998.

##### **References.**

1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998. 3. Cork MJ. *J Dermatol Treat* 1997; 8: 57-513.

## Emollient therapy isn't complete without a good wash.



The harsh action of soap makes eczema worse.

That's why E45 Wash was formulated. As a non-drying *emollient* cleanser, E45 Wash is unique.

E45 Wash has clinically proven benefits in the management of eczema.<sup>1</sup> And now, recent evidence proves how effective it is when used in combination with E45 Cream and

E45 Bath, as E45 Complete Emollient Therapy.<sup>2</sup> In fact, mild to moderate childhood eczema can often be managed using complete emollient therapy alone.<sup>3</sup>

Just as importantly, E45 Complete Emollient Therapy is pleasant to use which means compliance. It's why E45 is called Complete Emollient Therapy.



DERMATOLOGICAL  
**E45** Complete  
Emollient Therapy™



# Think before you jump down the skill mix slide

**John D'Arcy**, director of the National Pharmaceutical Association, urges pharmacists to think about the consequences before getting carried away by proposals in the Royal Pharmaceutical Society's 'skill mix' consultation paper



NPA director John D'Arcy

**I**t is an old adage, but once again we are at the proverbial crossroads! It seems to be the general view that, however much we might like to stay where we are in terms of pharmacy practice, this is impossible.

Our existing role as a supplier of medicines appears to be increasingly difficult to sell to our paymasters, who turn the screw year on year as they attempt to squeeze the very last drop out of community pharmacists.

Recognising the vulnerability of our position, we seek to embrace additional roles to make better use of our skills - which will increase considerably as we move to a four-year degree course.

But there are two major problems associated with the process of overlaying new roles on top of our core dispensing role. The first is straightforward: money. For new roles to be sustainable, it goes without saying that any that are taken on must be properly resourced.



**In which direction will the 'skill mix' document take the average community pharmacist?**

The second problem relates to our ability to incorporate new roles into what, by any standards, is a full-time job. It is worth pointing out that some caution is required in shouting too loudly about additional roles in case others with their own vested interests equate the hunger for new roles with a profession looking for something to do!

The Royal Pharmaceutical Society's New Age document 'The New

Horizon' addressed this dilemma under the heading 'skill mix', and set out a number of options for solving the problem. The options included the engagement of a second pharmacist: this has to be the best option but who will pay? And with the current manpower crisis, where will these pharmacists come from?

Then there was the engagement of a dispensing technician, the use of which would free up the pharmacist

and allow him or her to take on a whole range of additional tasks. This sounds great in theory, but the reality throws up a slightly different picture.

Research has shown that while the use of a technician will free up time (around one and a half hours for the typical pharmacy), this will not necessarily be at a predetermined time during the day.

*Continued on P22 →*





## Constipation – the value of bulking agents

This is the fifth in a series of columns which discusses the management of constipation enquiries. This week we focus on bulking agents.

Bulking agents, such as *Fybogel*, are particularly recommended for customers whose constipation may be related to poor fibre intake or who remain constipated despite a healthy diet.

They are more suitable for regular use and can be recommended for/to the elderly as they do not cause fluid and electrolyte imbalance. Pregnant customers can take *Fybogel* as its 'physical' action is limited to the colon and does not enter the systemic circulation.

The active ingredient of *Fybogel* is ispaghula husk which passes down the gastro-intestinal tract until it reaches the colon. It absorbs water as it passes down the GI tract, adding bulk and encouraging muscular contraction of the bowel as well as softening the stool.

One sachet of *Fybogel* is equivalent in its action to approximately one cereal bowl of wheat bran. Your customers will also appreciate that *Fybogel* is sugar-free.

Regular use of *Fybogel* can help to maintain healthy bowel function. Customers repeated visits to the pharmacy will provide you with an opportunity to offer ongoing health advice and benefit your business.

The next and final column, will look at standardised senna, its history and its benefits.

### Abbreviated Essential information:

**Fybogel: Active ingredients:** Each sachet contains 3.5g Ispaghula husk BP. It also contains aspartame.

**Indications:** Conditions requiring a high fibre regimen, e.g. relief of constipation, including constipation in pregnancy and the maintenance of regularity, for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated with diverticular disease, irritable bowel syndrome and ulcerative colitis. **Supply classification:** Through registered pharmacies only.

**For further information:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS

## Personal opinion

→ Continued from P21

So while it will be useful for some interruptible tasks in the pharmacy, such as analysing PACT data, it is unlikely to be of assistance in dealing with uninterruptible tasks such as smoking cessation counselling. It certainly will not help with those tasks that require the pharmacist to be away from the pharmacy such as domiciliary visits.

### Dedicated time

The Society's consultation document – 'Skill Mix: Making the Best Use of Pharmacists' Time' – was published in May. The document itself seems quite straightforward, suggesting that by using technicians, pharmacists will be able to free themselves from the mechanical aspects of dispensing.

This, we are told, will allow pharmacists to dedicate their time to tasks in the pharmacy which make better use of their skills. But against the background of the research previously outlined, it is difficult to see how the overall objective of the document will be achieved.

The document goes on to describe an apparent anomaly that exists where we have mandatory training for counter assistants but not for technicians. But is there, in fact, an anomaly?

It must not be forgotten that mandatory assistant training was introduced in the wake of criticism from *Which?* magazine and the BBC's 'Watchdog' programme about the poor performance of pharmacists in response to consumer requests for OTC medicines.

It was recognised that the pharmacist would not be able to intervene in every instance, so it was considered that the best way to deal with the problem was through the use of trained assistants. At the same time protocols were introduced to manage the process of delegation in the pharmacy.

### Dispensing

The dispensing process is very different from the sale of medicines over the counter. It is characterised by a high level of pharmacist involvement. Our research shows that the majority of pharmacists – around 70 per cent – take this involvement to the extreme by personally carrying out a final check.

A number of pharmacists will do this because they feel it is essential as part of the quality assurance process and as a means of being in a position to intervene at the final point before dispensed medicines are handed over to patients. Others may still believe that a final check is an ethical or legal requirement.

A final check is neither a legal nor ethical requirement but it has been the focus of considerable controversy. Who can forget the extraordinary general meeting of the Society back in 1989 when members voted 371 to 306 in favour of retaining the final check?

Notwithstanding this debate, the Code of Ethics was quietly amended to allow pharmacists to move away from a final check to the position which now exists where they have to see each prescription and decide what, if any, further action is necessary.

The thrust of the current Code of Ethics is reflected in the 'skill mix' document which introduces the concept of pharmaceutical assessment. A pharmaceutical assessment requires a pharmacist to apply his or her knowledge to establish the safety, quality, efficacy and, perhaps, economy of drug treatment(s) specified by the prescriber.

If the overall objective of the consultation document is to free up pharmacists' time, the requirement to see every prescription at least once is likely to militate against this objective.

### Limited horizons

So, as it stands, where will the document take the average community pharmacist? The NPA would suggest not very far. The notion of mandatory training of dispensary assistants will free up pharmacists' time, but only to a limited extent. And it will be expensive – around £1,000 minimum for the typical pharmacy.

Please do not make the mistake of thinking that we are in any way 'anti' the concept of training dispensary staff. Nothing could be further from the truth. For as long as most can remember the NPA has been an advocate of training both counter and dispensary staff.

Moreover, as a provider of training programmes, we have a vested interest in supporting mandatory training. But it is our firmly held belief that as far as dispensary staff are concerned, the decision on how to train staff should rest with the professional discretion of the individual pharmacist.

The document is at pains to point out that no relaxation of the current supervisory requirements is intended. We are pleased to hear this: the NPA is totally opposed to any relaxation.

But the twin constraints of the Medicines Act and the Code of Ethics,

which require the pharmacy to be under the personal control of a pharmacist and for all sales of medicines to be carried out under the personal supervision of the pharmacist, do pose a significant barrier to carrying out tasks based away from the pharmacy.

**"Perhaps we might try to return to the pharmacy only to find the door is bolted"**

Against this background there are some who would suggest the only way that time will truly be freed up is where the requirement for mandatory training is linked with a relaxation of supervision and that this is the way forward for

community pharmacy.

Some might say let's move away from the day to day 'nitty gritty' dispensing, leaving this in the capable hands of trained technicians as we set sail for new horizons in the form of the plethora of new roles that are out there waiting for us.

### Leap of faith

But is this really what community pharmacy wants? Are we prepared to take a huge leap of faith into uncharted territory in the search for new roles? What if the new roles are not quite what we perceived and are either not sustainable or plentiful enough in supply to ensure viability?

Perhaps we might try to return to the pharmacy only to find the door is bolted, and our traditional role usurped by a new breed of well qualified and hungry technicians who are considered by Government to be more cost-effective than pharmacists. What will we do then?

And there is a much bigger issue: public interest. The best interests of patients are served where there is direct pharmacist involvement in the dispensing process.

Community pharmacy is still experimenting with a number of additional roles based beyond the pharmacy. It may well be that in time these roles become sufficiently well developed and significant in number as to be sustainable and profitable.

Until then we need to be very careful in how we progress down the 'skill mix' route. Whichever way we go, we need to go forward with our eyes firmly open and a clear perspective on the consequence of our actions.

To go blindly in search of new horizons without paying sufficient regard to our core activities and competencies may lead us into areas that are highly uncomfortable and from which there is no return.



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for cardiovascular disease. The introduction of the Braun VitalScan represents a major opportunity for pharmacists to develop their diagnostics business.

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The Braun VitalScan will be supported by consumer and trade press, PR and point of sale material. For further information on Braun VitalScan contact Braun Customer Services today on 0870 608 5555

In keeping with its reputation for innovation, quality products and driving category value, Braun is adding an automatic blood pressure wrist monitor to its growing healthcare portfolio.

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provides accurate blood pressure and pulse readings in the home and work environment. Precise and easy to use, the monitor will store the last seven blood pressure readings and the carrying case provides a dual function of an armrest to ensure the correct blood pressure measuring technique.

Regular use of the Braun VitalScan will give customers the opportunity to accurately monitor for high blood pressure, recognised as one of the main factors responsible



# BRAUN



# Strategic alliances

Comments on the six papers in this series: 'Vision 2020 – the next steps', should be made to the Pharmaceutical Society of Northern Ireland by March 30, 1999

**T**he General Purposes committee has responsibility for co-ordinating the Vision 2020 strategy on behalf of Council. This committee addressed the development of strategic alliances to progress achievement of the Vision 2020 objectives.

It is clear that with the limited resources (finances, manpower expertise and time) available to Council, it would be impossible to progress rapidly with Vision 2020 within the current framework.

Many other organisations within and without pharmacy in Northern Ireland, some consisting of nominated representatives from Council, are developing programmes and initiatives that relate to pharmacy, the development of pharmaceutical services and the key objectives of Vision 2020.

These organisations produce reports and fund initiatives that have input from PSNI Council members and, therefore, it is reasonable that Council might seek to harness this work to progress its Vision for the pharmacy profession.

In doing so, Council will be encouraged to create a strategic alliance with an organisation, endorse its proposals and so further the pursuance of the Society's own objectives.

This is not abdicating Council's responsibility, rather it is ensuring that the hard work of Council, through its members, is as efficient as possible and that all Council representatives channel their input into other organisations to benefit the Society generally and Vision 2020 specifically.

Such strategic alliances will work both ways, as Council members will



Jason Bemmion



allow the wider pharmaceutical groups and healthcare organisations to be informed of its strategy.

Council will provide support and endorsement for the activities of these organisations. Such alliances will also prevent a duplication of effort and the possible waste of resources.

The following is a list of organisations with which Council should form strategic alliances. This list is not exhaustive.

#### 1. The Pharmaceutical Contractors Committee (PCC)

*Council members on the Committee include Terry Hammarin*

The PCC is responsible for negotiations on the pharmaceutical contract. Its members include some 330 contractor pharmacists who own 509 pharmacies throughout Northern Ireland. These contractors employ around 500 pharmacists to work in their pharmacies and deliver a pharmaceutical service.

Currently the PCC is involved in a number of projects that are consistent with the objectives of Vision 2020:

- domiciliary scheme for pharmacists
- data interchange project
- health promotion project
- repeat dispensing project

#### 2. The Ulster Chemists' Association

*Council members on the Committee include Siobhan O'Reilly and Terry Hammarin*

The UCA looks after the business needs of contractor pharmacists. Its concerns include employee issues and indemnity insurance. It has a professional development section through its links with the National Pharmaceutical Association, which is currently investing in projects that are consistent with the objectives of Vision 2020. These include:

- health promotion
- medicines management
- smoking cessation (PAS programme)

#### 3. The Guild of Healthcare Pharmacists

*Council members associated with the Guild include Diane Gill and Ann Boven*

The Guild of Healthcare Pharmacists is concerned with the welfare and employment rights of pharmacists in the managed services such as hospital trusts.

#### 4. The Postgraduate Pharmaceutical Education and Training Committee

*Council members on the Committee include Dorothy Graham, Derek Lawson, Terry Maguire, Joseph Gault and Brendan Kerr*

The PPET Committee is responsible for the training of pharmacists in Northern Ireland. It is currently working on a number of projects that are consistent with the objectives of Vision 2020:

- a programme of continuing professional development

- a health promotion service development initiative with the Health Promotion Agency for N Ireland

#### 5. The Contact Pharmacy Research Group

*Council members on the Committee include Terry Maguire and James McElhany*

This Group has produced a comprehensive business plan for pharmacy practice and intends to submit this for funding to the NHS research and development office. The Group has asked Council for its

endorsement and support and the contents of this business plan reflects closely the Vision 2020.

#### 6. The Central Pharmaceutical Advisory Group

*Council members on the Committee include Terry Hammarin, Dorothy Graham, and Terry Maguire*

CPAC advises the DHSS and the minister for health on pharmaceutical matters. This Committee is involved in a number of initiatives.

- The CPAC is publishing a comprehensive response to the

DHSS business plan identifying how pharmacists might make a contribution to achieving the targets.

- The CPAC is developing a health promotion project in conjunction with the DHSS.

#### 7. The School of Pharmacy, The Queen's University of Belfast

The School of Pharmacy has an advisory committee which advises it on developments that are relevant. Council is currently represented on that committee by Terry Maguire.

# Continuing professional development

Achieving the objectives of Vision 2020 will only be possible where the pharmacy profession is highly trained and all pharmacists maintain and continuously develop their skills and knowledge based throughout their careers.

The Code of Ethics of the Pharmaceutical Society of Northern Ireland states that it is a professional responsibility for pharmacists to keep up to date in order that they may practise competently. In addition, it is a recommendation of Council that all pharmacists should participate in at least 30 hours of continuing education annually.

PSNI does not support mandatory continuing education for pharmacists, as hours spent at courses do not reflect developments and improvement in professional practice. However, the Council supports, through its Code of Ethics, continuing profession development.

In the absence of a suitable CPD programme for pharmacists, Council will continue to recommend 30 hours of CE annually. To endorse this recommendation it asks pharmacists, when completing their annual retention form, to state what CE they have undertaken during the previous 12 months.

This proposal is similar in nature and content to a proposal that is currently being developed by the Education Division of the Royal Pharmaceutical Society of Great Britain. The Education Committee of the PSNI finds this proposal pragmatic in view of the way that pharmacists are diversifying with regard to the professional services they provide to patients.

PSNI will work with the PPET Committee towards the development

of a continuing professional development programme which will be made available to all pharmacists in Northern Ireland. The model, based on that proposed by the Royal Pharmaceutical Society, will be adopted and is outlined in appendix 1.

In this model pharmacists, through reflecting on practice, assessment of critical incidents and other methods, will identify their own training needs. These will be set in a plan and evaluations will be undertaken.

Pharmacists will be encouraged to take full responsibility for their continuing professional development. Groups such as PSNI, NICPPET, UCA, PCC and the Guild of Healthcare Pharmacists, will act as facilitators in the process and provide training as appropriate.

NICPPET will provide resources to develop the CPD model and PSNI would be responsible for assessment of a number of professional portfolios on an annual basis. Annually 5 per cent of pharmacists on the PSNI register will be asked to submit their CPD portfolios for inspection. Selection of pharmacists would be purely on a random basis.

## Motivation

CPD is about motivating and supporting all pharmacists to take part in continuing education that improves practice.

It is aimed at the larger body of pharmacists who are keen to take part in ensuring that they have the necessary skills to provide a model pharmaceutical service.

It is not designed to provide sanctions against those who do not participate. Motivation, therefore, is in the form of a carrot rather than a stick.

To ensure pharmacists are motivated towards CPD, it is proposed that each pharmacist is asked by PSNI

to sign a 'CPD Pledge', effectively confirming that they will take part in CPD throughout their professional careers. On receipt of this pledge, PSNI will issue a CPD certificate to the pharmacist that may be displayed in the pharmacy.

Pharmacists will be required to undertake and record a CPD programme and to make this available for inspection by the Society. In addition, in the Pharmaceutical Register an asterisk will be set against the name of each pharmacist who signs the CPD Pledge. This will inform health boards and pharmacy employers of pharmacists' intention to keep up to date.

Certificates would be issued annually but will not be issued to those who fail to demonstrate their compliance to CPD and the asterisk will be removed from the Register.

## Recommendations

- PSNI adopts a programme of continuing professional development
- NICPPET provides resources for developing the CPD programme
- Pharmacists are encouraged to sign a CPD Pledge
- Pharmacists who sign up will be identified in the Pharmaceutical Register
- PSNI will undertake to assess 5 per cent of the profession annually.

## Appendix 1

Schematic of the proposed Continuing Professional Development Programme for pharmacists (will include RPSGB programme when available)

- Step 1 Assessing training needs
- Step 2 Planning training
- Step 3 Undertaking training
- Step 4 Recording of CPD
- Step 5 Evaluation of CPD
- Step 6 Assessment of portfolios.



# Image conscious

If you want your pharmacy to grow, you must plan to ensure it does. In the first of two articles on marketing, Keith O'Sullivan advises on the planning process

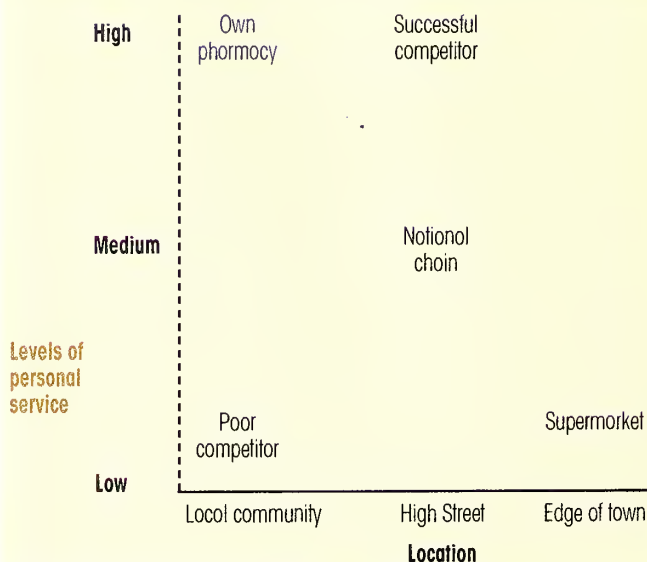


**H**ow can you create a marketing plan that will really help your businesses grow and which will not just sit there gathering dust?

The first stage is to set out the company's objectives. Realistic short-term and medium-term objectives are best. All pharmacies should set sales targets for the current and next three financial years. However, there is little point in increasing sales by reducing prices at the expense of profits. So protect your gross and net profit margins. A simple table can be used to plot your key business indicators.

Longer-term aspirations should be represented in a mission statement. Mission statements really do work – the best have something in them for the customer, the staff and the owners. Simple, easily understood

## Market positioning – service levels



Continued on P30 ►

### Salpadeine Capsules, Salpadeine Soluble Tablets

#### Salpadeine Tablets

**Product Information Presentation:** Each tablet, soluble tablet or capsule contains Paracetamol Ph Eur 500 mg, Codeine Phosphate Ph Eur 8 mg and Caffeine Ph Eur 30 mg. Uses: migraine, headache, rheumatic pain, period pain, toothache, neuralgia, sore throat and feverishness, symptoms of colds and influenza.

**Dosage and administration:** Adults and children, 12 years and over: Two capsules/tablets up to four times daily. Not more than 8 capsules/tablets in 24 hours. Children under 12 years: Not recommended. Soluble tablets must be dissolved in water before taking. Do not exceed the stated dose.

**Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Caution required in patients taking warfarin or other coumarin anticoagulants, domperidone, metoclopramide, cholestyramine, monoamine-oxidase inhibitors. Not to be taken concurrently with other paracetamol-containing products. Avoid in pregnancy unless advised by doctor. Not contraindicated in breast feeding.

**Side effects:** Paracetamol: rare hypersensitivity including skin rash; very rarely, reports of blood dyscrasias (not necessarily causally related). Codeine: constipation, nausea, dizziness and drowsiness.

**Overdosage:** Immediate medical advice should be sought in the event of an overdosage, even if the patient feels well because of the risk of delayed, serious liver damage.

**Legal category:** PCOL. **Product licence number:** Capsules: 0071/0186, Soluble Tablets: 0071/5091, Tablets: 0071/0396. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BO, U.K. Pack quantity and RSP: 12 capsules £1.99, 24 capsules £3.32, 32 capsules £4.29, 72 capsules £6.99; 12 soluble £2.25, 32 soluble £3.79, 60 soluble £6.80; 12 tablets £1.99, 32 tablets £3.45, 60 tablets £6.50. **Date of last revision:** June 1998. Salpadeine is a trade mark.

### Salpadeine MAX

**Product Information. Presentation:** Red film coated capsule shaped tablets embossed 'MAX' on one side, containing Paracetamol Ph Eur 500 mg and Codeine Phosphate Hemihydrate Ph Eur 12.8 mg. Uses: headache, migraine, sinusitis, dental pain, non-serious arthritic and rheumatic pain, sciatica, lumbago, strains, sprains, dysmenorrhoea, sore throat and feverishness, symptoms of colds and influenza, especially suitable for pain which requires stronger analgesic than paracetamol or aspirin alone. **Dosage and administration:** Adults: Two tablets up to four times a day. Do not repeat at intervals of less than four hours. Do not take more than 4 doses in any 24 hours. Do not exceed the stated dose. Do not continue dosage for more than 10 days without consulting a doctor. Children (under 12 years): Not recommended.

**Contraindications:** Known allergy to ingredients. **Precautions:** Use with caution in patients with severe renal or severe hepatic impairment, non-cirrhotic alcoholic liver disease. Not to be taken concurrently with other paracetamol-containing products. Caution required in patients taking MAOIs, metoclopramide, domperidone, cholestyramine, anticoagulants. Effect of CNS depressants (including alcohol) may be potentiated. Patients should be advised not to drive or operate machinery if affected by dizziness or sedation. Avoid in pregnancy and lactation unless advised by a doctor.

**Side effects:** Hypersensitivity including skin rash; rare reports of blood dyscrasias (not necessarily causally related); constipation, nausea, dizziness and drowsiness.

**Overdosage:** Immediate medical advice should be sought in the event of an overdosage, even if the patient feels well because of the risk of delayed, serious liver damage.

**Legal category:** P. **Product licence number:** 00071/023. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BO, U.K. Presentation and RSP: 20 tablets £3.65. **Date of preparation:** February 1999. Salpadeine is a trademark.



# POWERFUL RELIEF. POWERFUL BELIEF.



Paracetamol, Codeine and Caffeine

Paracetamol and Codeine

## POWERFUL RELIEF

The unique combination of paracetamol, codeine and caffeine in Solpadeine can provide customers with the pain relief that they are looking for. And for the most demanding customers, there is no stronger painkiller than Solpadeine MAX – containing maximum doses of paracetamol and codeine, for maximum strength pain relief.

## POWERFUL BELIEF

Loyal users, frequent users. Solpadeine customers have the highest loyalty – 74% – of any analgesic users.<sup>1</sup> But that's not all. Solpadeine customers will visit your shop to purchase them significantly more frequently than any other analgesic customer.<sup>1</sup> And in addition, they will spend five times more each year than a customer purchasing the next most popular brand.<sup>1</sup>

That's why it makes sense to recommend Solpadeine – the Number One pharmacy analgesic.<sup>2</sup>

# THE No. 1 PHARMACY ANALGESIC



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Available from leading Boots, Superdrug, Tesco, Safeway, Lloyds, Independent Chemists & Department Stores.

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# NAIL TREATMENT.

**WORLDWIDE BRAND LEADER.**

**UK MARKET LEADER DRIVING  
CATEGORY GROWTH.**

**OVER 45% SHARE OF ALL AD SPEND.\***

**OVER £1,000,000 PROMOTIONAL  
SUPPORT AND MOST CONSISTENTLY  
SUPPORTED UK BRAND.\*\***

**HIGH QUALITY PRODUCTS SUPPORTED  
BY FULL RESEARCH PROGRAMME.**

**FULL RANGE OF MERCHANDISING  
AVAILABLE.**

*Sally Hansen*<sup>®</sup>  
The most trusted name in nails.

\* 1997 MMS Data  
Sally Hansen spent 33% more on media than the nearest nail treatment competitor

\*\* Jan-Dec 1998



## ◀ Continued from P26

statements are preferable. For example, Bill Gates of Microsoft set the company's mission statement 20 years ago. It was to have 'Microsoft software in every PC on every desk in the world'. Most would agree he has made it. Mission accomplished!

The next stage in a marketing plan is to review and analyse the current pharmacy business and operation. Where do sales and profits come from? Analyse sales and profits by product group, with detailed breakdowns for both NHS and OTC, and by branch if you have more than one outlet.

## Know your customer

Who are your customers, how much do you know about them, and what should we know? A random sample of prescriptions will give you some information, but an exit poll is best.

The models developed by MEL Research/Aston University provide a good national standard which you can 'benchmark' yourself against - such as the finding that most pharmacy customers live within a mile of their preferred pharmacy, and that 60 per cent of people are loyal to one pharmacy.

The exit poll could be used to give you a breakdown of customers by sex, socio-economic group, age group, frequency of visit, type of purchase (Rx, OTC, Rx + OTC), how they travel to the store, the main catchment area and how your business can be improved.

This is important so that future marketing activities are cost-effective and targeted at your main customer types.

## Identify yourself

Next, look at your corporate identity and corporate image. Your corporate identity sets your business aside from every other pharmacy. Examine your pharmacy's exterior appearance, your fascia and window display.

Is it appealing? Look at your stationery, price labels, carrier bags and staff uniforms. Do you have any delivery vehicles and are they sign written? Are you providing the right corporate image for your main customer types?

Review the calibre and numbers of staff. How do the current staff match your future requirements and what are the implications for recruitment and training?

The final stage in reviewing your business is to carry out a SWOT analysis, which can be brain stormed with your staff. Simply list your business strengths and weaknesses, and then detail the opportunities and

threats. This will show you the areas for improvement and potential areas for growth.

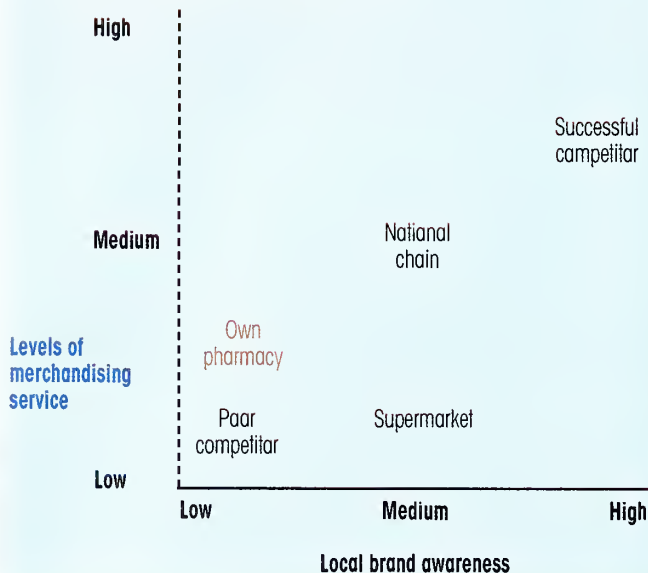
While your business review is a good start, it should not be used in isolation. Look at your competitors and analyse, for example, three or four of their pharmacies. These could be: your closest geographical competitor, a successful competitor in the area, a less successful one and a national one. Examine why they are doing well or poorly and see how you can learn from their successes or failures.

Their appearances may be misleading. To get 'inside information', assuming your local competitors are limited companies, you can obtain information on their sales, profitability, growth and net worth from Companies House (telephone: 01222 380801) or the local library.

Why not go and shop there to see how they handle you and other customers? Look at their window displays, product range, merchandising, point of sale and corporate image. This should show if you have a particular specialisation which you can exploit at their expense.

Such information will allow you to set your market positioning. Do you want to be the Harrods, Marks & Spencer, Tesco, Kwiksave or Bargainbuys of the pharmacy world? You can plot levels of personal service and brand awareness as in the above examples.

## Market positioning – merchandising skills/brand awareness



## Market review

Always be aware of market trends and ignore them at your peril. It is very difficult to buck the trend - the marketing equivalent of pushing water uphill. For example, over the past five years sales of vitamins,

supplements and complementary medicines have grown considerably. Do your stocking plans reflect such growth markets?

Similarly, if you are relying on NHS prescriptions, ensure that you get the latest information on trends and plot your market share to

see what future action needs to be taken.

Finally, look at the cost-effectiveness of your current marketing activities, which may include advertising, leaflet drops, promotions, literature and window displays. Do they project the image you want to attract to the customers you're after?

Do they focus customers' attention on areas where you're strong and the competition is weak? There is nothing to be gained by taking on the big supermarkets in areas where they have the edge on you.

Pick an angle - such as your dedicated personal attention to the local clientele - where you hold the edge.

When you have done all of this, the way ahead should be more obvious and you can plan for growth instead of battling against decline.

*Keith O'Sullivan is a marketing consultant with Marketing Horizons and works with MEL Research.*

**MOTILIMUM 10 - ESSENTIAL INFORMATION**  
**Presentation:** Small film coated tablet containing domperidone maleate equivalent to 10mg domperidone base.  
**Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16 : up to one tablet (10mg) three times daily and at night when required. Maximum duration of continuous use is 2 weeks. **Contraindications:** Hypersensitivity to any of the components. Patients with any underlying gastro-intestinal pathology, with prolactinoma, or with hepatic and/or renal impairment. **Precautions:** Patients who find they have symptoms that persist and are taking Motilium 10 continuously for more than 2 weeks should be referred to a GP. **Drug interactions:** Adverse interactions have not been reported in general clinical use. However it has the potential to alter the peripheral actions of dopamine agonists such as bromocriptine, including its hypoprolactinaemic action. Domperidone's actions on gastro-intestinal function may be antagonised by anti-muscarinics and opioid analgesics. May enhance the absorption of concomitantly administered drugs particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium 10 should only be used during pregnancy on the advice of a doctor. Use by breast feeding women not recommended. **Effects on driving ability and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and for longer treatment durations than recommended, a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea and even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not readily cross the normally functioning blood-brain barrier and therefore is less likely to interfere with central dopaminergic function. However, acute extrapyramidal dystonic reactions, including rare instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anticholinergic, anti parkinsonian drug, or benzodiazepine medication should be used. **Treatment of overdose:** If disorientation, extrapyramidal reactions or drowsiness occur following an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in managing extrapyramidal symptoms. **Price:** £3.95 **Legal category:** P. PL: 13249/0014 **PL holder:** Johnson & Johnson MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF **Date of preparation:** June 1998. Only available through pharmacies. Further information is available from: Enterprise House, Station Rd, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494-450778.



**This Christmas, only one recommendation**



**can give dysmotility problems the all-clear.**

As the season to eat, drink and be merry approaches, what better time to recommend Motilium 10 to your customers.

Motilium 10 is the only pharmacy product that can effectively treat all the symptoms of dysmotility such as fullness, heaviness, bloating, queasiness, belching and nausea, often experienced after eating.

By restoring the normal movement of food through the system, Motilium 10 actually treats the cause of dysmotility instead of temporarily relieving some of the symptoms.

Earn the gratitude of your customers this Christmas, and you can be sure they'll be back in the New Year.

**NEW**

**Motilium 10**  
DOMPERIDONE MALEATE EQUIVALENT  
TO DOMPERIDONE 10mg

**Your first answer to dysmotility.**

**Johnson & Johnson<sup>®</sup> MSD**  
CONSUMER PHARMACEUTICALS



Generic firms feel it is hard enough to survive in a fast moving, cut-throat market, without having to deal with another regulatory bomb from the Medicines Control Agency. **Guy L'Aimable** reports

# MCA turns the screw



**T**he Medicines Control Agency is not noted for its wit, but it displays dry humour in making its infamous consultation letters sound like pipeline drugs - take MLX 247, for example.

Not surprisingly, generic manufacturers see nothing to laugh about in its proposals. The most controversial of these is a statutory obligation for manufacturers to make and send spare labels and leaflets to pharmacists, who would insert them in all medicine packs.

Andrew Kay, APS Berk's managing director and vice-chairman of the

British Generic Manufacturers' Association (BGMA), says the proposal's repercussions revolve around safety, practicality and expense - in that order. "There's the possibility of pharmacists mismatching leaflets with the wrong products, which has horrendous safety implications," he says. "Under Good Manufacturing Practice, we're obliged by law to ensure our operations do not put anyone at risk, but this proposal wants us to disregard that responsibility."

While some press reports suggest a few generic firms would be prepared to supply leaflets and spare labels in extreme circumstances - APS is not

one of them. "We've said in our submission [to the MCA] that we'd refuse to do that because it's unsafe practice," says Mr Kay. "The generics industry has to stand up and say 'no' to that. There are other alternatives - if we get our act together on rounding and get the pack sizes correct, we could eliminate the need for spare leaflets and labels. And if there's a small amount of tablets left over, why can't the Department of Health pick up the tab for them?"

APS could show, he adds, that these spare tablets would cost the NHS relatively little, assuming any container allowance is excluded.

Nick Foster, Norton's marketing

director, says the proposals also lumber generic firms with significant extra costs. "We're a long way down the line in producing blister packs. If bulks will be appropriate, not blisters, we may have to produce bulk and blisters at the same time, which could lead to duplication," he says.

Manufacturers, he adds, are not geared up - both in terms of cost and operations - to provide 24-hour cover for pharmacists who want extra leaflets.

Generic suppliers feel they have not been given enough notice about the proposals, considering the changes are designed to bring the leaflets and labels in line with



Directive 92/97/EEC, which is due to be implemented in January.

Most manufacturers have sent submissions to the MCA, which is currently reviewing them before it decides whether to amend its proposals. With the Directive looming, is the health minister under pressure to make a quick decision? "Well, yes and no," says an MCA spokesperson. "The bulk of the Directive has already been implemented. We're trying to move forward as well, hence the consultation document. If it isn't done and dusted by the end of the year, we would not suffer greatly."

That's news to APS, which says people may then complain to the EU because the Government would not be implementing the Directive. "Let's say a patient complains about the non-availability of medicine information," says Mr Kay. "The MCA would have to investigate that. Pharmaceuticals prescribed without information would be breaking the regulations by the end of this year. You would have a law that's in the public domain but is not being enforced - that further demonstrates the nonsense of the situation we're in."

Norton says it needs a lot more time to prepare itself for the proposed changes. "We've got to install machinery which will insert leaflets automatically into packs," says Mr Foster. "We need at least one year to set everything up."

No business, of course, likes to have extra costs thrust upon it out of the blue. Generic companies feel they are more vulnerable than most, given the predatory nature of their market.

Last year APS warned it may have to outsource its production to lower its costs. True to its word, it is transferring its production to Debrecen, Hungary. Teva, the company's Israeli parent, has a giant plant there with plenty of spare capacity.

Mr Kay says he was saddened by the decision, which involves 120 staff redundancies in the UK, but the company had little choice. "We left the UK because of price pressure. Our facility in Eastbourne is the most productive in the group, but that wasn't good enough," he says.

APS is expected to save "millions of pounds" as a result.

Other generic companies will follow suit - Mr Kay reckons that 75 per cent of the UK generic production will be outsourced within the next ten years.

Cost factors also explain Norton's

decision to move its antibiotics plant in Balham, London to Waterford, Ireland. It will also save money by moving to its new, 160,000 sq ft European headquarters at the Royal Docks, London Docklands. Its staff will begin to work there in early January.

Mr Foster agrees that more companies will be outsourcing their production. Like most generic

commentators, he says India is increasingly becoming a good source of quality pharmaceuticals, as is China, whose technological progress is outstanding.

APS is a little more sceptical. "The lowest cost source of everything will be India and China, but achieving sources

from these countries is not straightforward," says Mr Kay. He doubts whether the company could have moved its production to those countries as effortlessly as it is doing in Hungary. "That's not to say, in some years time, we couldn't make another outsourcing move," he says.

Is outsourcing necessarily the best

option? Look at Cox Pharmaceuticals, which was acquired by US-based Alpharma Pharmaceuticals in May. Rather than source Cox's production abroad, Alpharma is spending an unspecified amount on high volume equipment at the UK company's Barnstaple base. Whether Cox's UK production remains economically viable, when so many competitors will be taking advantage of relatively cheap, foreign facilities, remains to be seen.

Small generic companies, even those dealing with niche products, may feel the pressure more. Most of the major UK generic companies are now owned by giant corporations: Norton's parent is IVAX, APS has Teva and Cox has Alpharma. These parents have the financial muscle and scale of production to drive down costs and prices on many generics. Unless the small players can act quickly to exploit new trends in the market, some may go under.

Pricing pressure aside, generic companies argue their relentless drive to save costs is also driven by brand equalisation deals. These deals - where a pharmacist dispenses a brand medicine against a generic prescription - have apparently grown over the past 12 months and are said to be more prevalent now than they were a couple of years ago.

Martin Bilbie, Bartholomew

**"I'm intrigued how branded companies can get away with offering such huge discounts through the Pharmaceutical Price Regulation Scheme"**

Continued on P34 →

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→ Continued from P33

Rhodes' director, speaks for many in the generics industry when he says the practice is "unfair competition".

Such deals, he adds, are depriving generic companies of 25 per cent of the pharmacy chain market. Pharmacy groups are using the companies as bargaining tools to obtain such deals.

"I'm intrigued about how branded companies can get away with offering such huge discounts

through the Pharmaceutical Price Regulation Scheme. The discounts must affect the discount clawback," he says.

APS says its market share - in therapeutic areas containing brand equalisation deals - is "disproportionately small".

"One ethical company has a group of people solely responsible for running such deals - and they've got better at it," says Mr Kay. It's another form of patent protection, he adds, because the end results are the same - the deals act as a buffer against generic competition.

While the BGMA has made its position clear to the MCA since last year, nothing has been done. Perhaps the Agency is unwilling to end a practice that seems popular with pharmacists and powerful manufacturers.

Not all generic news has been bad. Norton and Trinity Pharmaceuticals struck a blow for generic companies' rights when they won a court case involving Rhône-Poulenc Rorer, which wanted to block them launching generic versions of Zimovane. RPR had sought to extend the brand's patent by ten years because, it argued, recent changes to the product made it different to the old version. The High Court judge disagreed.

Generic firms agree the victory was a morale booster. "Courts will listen to common sense - they'll support a logical argument," says Mr Foster at Norton. "Other ethical companies won't be allowed to do similar things."

APS says life would have become extremely difficult for generic firms if Norton and Trinity had lost the case. But it stresses the case was a one-off affair - future cases would have different circumstances which would not guarantee the generic firm's victory. "The ruling hasn't moved the goal posts significantly," says Mr Kay.

The same argument could equally apply to pre-patent generic deals.

Generics UK caused a stir when it arranged with Glaxo Wellcome to sell ranitidine about six months before the product's patent was due to expire. Glaxo's hands were apparently tied with a settlement, which forced it to offer the licence to Generics UK.

Other firms are divided on whether similar deals could occur in future, although all are obviously keen on them. Norton and BR are among those who reckon such deals will become

more prevalent.

Warrick Pharmaceuticals, the generic subsidiary of Schering-Plough, says generic manufacturers should take care not to find themselves in a piggy back licence situation. This refers to product licence

holders, who offer licences to a few other companies in return for some of the revenues earned from the product. Alison Stevenson, Warrick's trade director, says: "With ranitidine there are about 17 licences, due to piggy back agreements. The product was oversubscribed by about 500 per cent, which means there's a smaller market for each company involved."

Without piggy back licences, she adds, ranitidine would have been produced by about seven companies only.

Irrespective of licences, generic companies can look forward to four major patent expiries over the next few years: Eli Lilly's Prozac, Astra Pharmaceuticals' Losec, SmithKline Beecham's Augmentin, and Merck Sharp & Dohme's Innovace.

Bartholomew Rhodes warns the 'pickings' may not be good.

"Depending on their dossiers, most generic companies won't make a lot of money from these brands because their prices will plummet - the first firms in will make money for a few months," he says.

And the brands' expiry dates are not guaranteed. "I'd bet money that at least one of the four big molecules will be amended to extend its patent," says Mr Kay.

Mergers and acquisitions among the large pharmaceutical manufacturers is seen as the way forward. Will the trend be repeated among the bigger generic firms? BR doubts it. "I think they would find it difficult to work together," says Mr Billie. "It would be a good idea, though, because they could pool their resources on bio-research and other areas."

**"Generic companies can look forward to four major patent expiries over the next few years"**



# Direct response

OTC Direct's operations have been shrouded in silence, which has led to more than a few rumours. The company, in its first public interview, insists it has nothing to hide.

Guy L'Aimable reports

**F**or a company with 1,500 pharmacy customers and an annual turnover now approaching £24 million, OTC Direct's presence has been surprisingly low key.

This ambience extends to its Epsom-based offices, which bear a 'Thames Water' sign in the front garden. Admittedly, there is an 'OTC Direct' logo on the building.

And there's the name - OTC Direct - although the company mainly deals with generics and parallel imports.

Speculation has suggested the 'quiet' approach is intentional. After

all, according to this argument, OTC Direct is UniChem's short-line subsidiary. As the wholesaler is a sworn enemy of short-liners, it does not want to trumpet its own indirect involvement in the market.

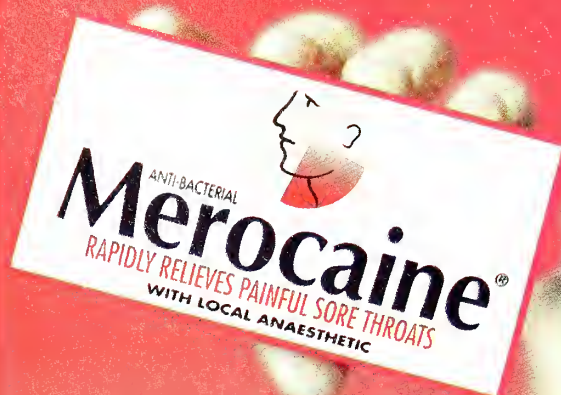
Tony Foreman, OTC Direct's managing director, strongly disagrees. "There's been no motive to keep ourselves quiet - if there had been we would not have been mentioned by UniChem at their convention [in Arizona]. Last year we were building up the business, so there was nothing

*Continued on P36 →*



Tony Foreman

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## GENERIC

→ Continued from P35

to shout about — now we're an established company."

And so it is — Mr Foreman expects the company's turnover to double next year to £48m; it has just under 900 lines and is said to be attracting 30-50 customers a month.

The company has 22 employees, plus two field sales people and is set to add another ten telesales staff.

As for the 'Thames Water' sign — OTC Direct is renting a former Thames Water building and it is expanding next door.

The company has invested £100,000 in a new telesales system, to be launched on February 1. This will enable OTCD to offer next day delivery nationwide, compared with the current 48-hour service.

All this is a far cry from 18 months ago, when Mr Foreman tested the principle of OTC Direct from his office in UniChem. Before the pilot, Mr Foreman was UniChem's sales and marketing director. The original idea, he says, was to offer a predominantly OTC price list, with some generics and parallel imports. OTC Direct's orders, originally distributed from UniChem's Chessington depot, went to customers in southern England.

Most of the orders it received, however, were for generics and PIs, so it switched its product list accordingly. The original name remained, mostly because it is well known.

Its growth has been quick. Last November it had fewer than 300 customers and its turnover was "quite small". In its early days, its employees comprised Mr Foreman, John Donovan, finance director, who helped set up the company, a secretary and two telesales people.

Mr Foreman says its success proves how right UniChem was to move into short-lining — despite criticisms from some manufacturers. "From our perspective, UniChem believes it has lost market share to shortliners. How do you get that share back? By fighting fire with fire," he says.

Short-liners' share of the pharmaceutical wholesale market grew 3 percentage points to 10 per cent last year, according to UniChem, and is still growing at an "alarming rate". The generic market is growing at 21 per cent a year, while parallel imports are up 78 per cent, although UniChem thinks the latter market will slow down when sterling weakens.

Both generic and parallel import markets have been expanding fast, says Mr Foreman, so it was logical for UniChem to step in. "We're just putting generics in a different little basket, which happens to be OTC Direct. We're doing nothing new."

The company pitches its prices by monitoring all the short-liners' price lists and by listening to its pharmacy

customers around the country. "We'll never be the cheapest at everything, but we've put together a basket of prices that's competitive," he says.

OTCD, he stresses, trades independently from UniChem. It now distributes from the wholesaler's Swansea depot, which picks up its orders on OTCD invoices, processes them on OTCD paperwork, and packs them in OTCD boxes. Group 4 distributes the products nationwide.

As a result, the company has its own legal identity, its own budget and a profit target to hit.

Some manufacturers have suggested UniChem is somehow using OTCD to get an upper hand on its generic tendering. Mr Foreman says that's rubbish. OTCD will talk to UniChem every day to tell it how generic/PI prices and trends are moving, he says, but that's all. "The myth is that I go and buy a product for thruppence and sell it to UniChem — we don't do that because we recognise it's a different market [full-line and short-line]." The two companies, he adds, buy separately and have different cost structures.

He admits OTCD received the biggest reaction from pharmaceutical manufacturers when it was launched. Some generic firms will not deal with the company. Manufacturers, he says, do not want a full-line wholesaler offering a short-line service. "But there's nothing they've done to help the full-liners get their fair market share. So why are they getting upset with what we're doing?"

While Mr Foreman remains keen to get reluctant manufacturers on board, he says OTCD has not suffered unduly from this ostracism.

"They deal with me indirectly, so what do I care. Look at my stockholding, I would bet any money I've got a product in there from every generic manufacturer, even if it wasn't supplied directly."

About 60 per cent of OTCD's stock comes direct from manufacturers and the rest from third party suppliers. "I'd like to believe that as we grow, manufacturers will support us more. Every product we sell comes from somebody — not UniChem — because it hasn't got the business anyway. Manufacturers should see that the sales are coming from somewhere, so they should start talking to us," he says.

Mr Foreman quashes another rumour that OTCD's service level is terrible. "My service level is in the high 90s [in percentage terms], so I've never had a problem getting the big key products."

He is unsure about OTCD's share of the UK short-line market, but the company has a target. "If UniChem has at least 30 per cent of the full-line market, there's no reason why we shouldn't have a similar share of the short-line market."



# Pharmacists to partake of the NHSnet

Pharmacists are to have access to the NHSnet in a pilot scheme as part of the Royal Pharmaceutical Society's Millennium project.

A small pilot group will be formed with pharmacists in a variety of locations. They will link to the NHSnet and be given temporary access to "commercially available, useful and relevant information and professional support resources", says the Society. The results

of the pilot will be used by the Society to inform future work on IT and its role in professional development.

Ian Shepherd, head of the RPSGB's IT policy unit, says the Society has made good progress in pursuit of helping pharmacists connect to the NHSnet. "There are other, wider discussions which must be held in order to widen the appeal to pharmacists of NHSnet as the network of choice and

[to] provide support for individual pharmacists or pharmacy businesses to invest in the necessary equipment and connections."

President Hemant Patel added: "[The project] builds upon existing efforts to include pharmacists in the clinical information flows being developed within the NHS and is fully supportive of the strategic direction of the profession."

Two pharmacists, Kathryn Williams of Sheffield and David Morgan of Mold, Clwyd, are each to receive £1,000 of computer equipment for proposing the project in the competition set up by the Council in January. A prize of £200 is to be given to Fiona Millar of Millom, Cumbria, who proposed an in-pharmacy virtual journey showing different aspects of pharmacy through the ages.

## A beacon of excellence in childcare



Proprietor Ralph Lightstone with Mrs Williamson who nominated him for a Mother & Baby award

The title of 'Child Friendly Pharmacy of the Year' was bestowed upon the Ralph Lightstone Pharmacy in Codicote, Herts, at the *Mother & Baby* awards last week.

Mr Lightstone was present in person to collect his certificate from Joe Heron, marketing director of Novartis Consumer Health, who sponsored the award.

In the summer, *Mother & Baby* readers had been invited to nominate a deserving pharmacy. Mrs D Williamson

was impressed with the way Mr Lightstone helped out with thyroid medication prescribed for her baby.

On discharge from hospital she was dispensed a solution which had a short shelf life. Mr Lightstone was able to find the same medication in a more convenient sachet presentation.

Mr Lightstone opened the business from scratch ten years ago but has just sold up to another independent and is looking for a larger business closer to home.

## Fife accreditation scheme to relaunch

Fife Health Board is hoping to relaunch its pharmacy accreditation scheme early next year.

Nine pharmacists have been award-

ed the Community Pharmacy Quality Assurance certificate after completing a voluntary scheme to improve existing high standards. They had to participate in health promotion campaigns, display leaflets, undertake continuing education and comply with the Royal Pharmaceutical Society's standards for premises. They were paid £500 to participate in the scheme, which started in summer 1997.

Jason Hall, the health board's primary care pharmacy facilitator, says there may be some changes in the new scheme but he will be sending details to all contractors.

Six of the nine accredited pharmacists are Vantage members who are also part of the Fife Pharmaceutical Services group, set up in January to look at ways of expanding professional services. There are 21 pharmacies in the group.



Iain Waugh is one of the nine Fife pharmacists to receive the community accreditation certificate

## Regional differences account for pharmacy PCG board exclusion

The differences between England, Scotland and Wales account for why pharmacists are not included automatically in primary care group boards in England, but are in the equivalent systems for Scotland and Wales.

Asked why this was the case by Earl Howe, junior health minister Baroness Hayman said it was possible to hold different views about the appropriate structures in different parts of the UK.

"As far as it concerns England, the Government believes that doctors and nurses should be very much in the driving seat, and that other appropriate professionals, be they occupational therapists, physiotherapists, midwives

or pharmacists, should be brought in to make their contribution as and when appropriate," she said.

In a Lords debate last week, Lady Hayman had welcomed comments about the contribution community pharmacies can make to people's health and their importance in providing a local and accessible service.

"A great deal of the work of PCGs will depend on good prescribing advice and the support of professionals such as pharmacists." She also hinted the Crown report on prescribing is likely to be published in advance of the pharmacy strategy being prepared by the Department of Health.

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# Medicated confectionery: the business opportunity

## Cold comfort from the pharmacy

Adverse weather conditions have already generated healthy sales for medicated confectionery and the onset of the colder weather has brought even more customers coughing and sneezing into the pharmacy.

Although there is a trend amongst the public towards self-medication, a Mars Confectionery TUNES Coldline survey showed that twice as many consumers visit their GP rather than their local pharmacist for help with their cold and flu symptoms.

As the message that antibiotics are not the solution to viral infections filters through, the opportunity for pharmacists is clear. Cold and flu sufferers are not only looking for advice on the physical relief of their symptoms, they also want the reassurance of a brand they can rely on from their trusted local pharmacy.

Although there are over 200 cold viruses and the common cold cure looks as far away as ever, there are products that can help ease the worst of the symptoms. Medicated confectionery is the biggest category in the cough and throat remedies market, worth £106 million.

Within this, LOCKETS and TUNES are the top selling medicated brands. Both brands are effective and have a heritage that consumers trust, so that purchasers have the reassurance as well as the physical relief that they need.

## LOCKETS – a best selling brand

LOCKETS is the best selling medicated confectionery brand worth £20 million. Consumers trust and are familiar with the LOCKETS double action – 'helps clear your nose and throat' – and know that they can rely on them to provide immediate relief from a blocked nose and sore throat.

As a recognised medicinal lozenge, LOCKETS are the only lozenges that provide effective relief



for nose and throat in one sweet. Available in three varieties: Honey and Lemon, Blackcurrant, and Extra Strong, there is a LOCKETS flavour to suit all tastes.

## Breathe more easily with TUNES

Currently the UK's most recognised medicated confectionery brand, TUNES, worth £17 million, are famous for helping the nation's cold sufferers to 'breathe more easily'.

TUNES clinically proven formula provides the optimum dose of menthol in each lozenge and at the same time provides the characteristic taste that TUNES are famous for. TUNES not only have a great fruity taste and come in three delicious flavours – Original Cherry, Blackcurrant and Orange – they help to provide relief from a blocked nose or a general feeling of being under the weather.

## TUNES coldline

The TUNES Coldline is a unique on-pack service. The TUNES Coldline number is printed on every pack and anyone suffering from cold symptoms can call for essential information about the common cold and how TUNES can help.

Last year the TUNES Coldline responded to over 1,000 calls a week from members of the public.



Callers receive a fun information pack which includes general information as well as a TUNES-Day get well card and a fun postcard to send to anyone who is feeling under the weather.

## The business opportunity

With medicated confectionery typically bought on impulse during the coughs and colds season, range and positioning is crucial. Research shows that if pharmacists ensure they carry all three flavours of LOCKETS and TUNES, they will enjoy increased sales and profits from the category as a whole, since people will shop the fixture and trade up to prescriptive medicines if their cold symptoms persist.

Dual siting both TUNES and LOCKETS in the main personal care fixture alongside tissues and analgesics, as well as at the point of purchase, means that pharmacists can increase their sales as well as ensuring that consumers have easy access to the brands they trust.

New from TUNES and LOCKETS manufacturer Mars Confectionery this year is a two tier display unit, specifically designed for siting next to the till. The compact unit holds packs of both LOCKETS and TUNES and Mars recommends that the two best selling varieties – LOCKETS Honey and Lemon and TUNES Original Cherry – should be on display. For more information on the availability of the display units, pharmacists should contact their Chemist Broker representative.



TUNES and LOCKETS are registered trade marks of Mars Inc. Ltd.



# Germany's Phoenix acquires Philip Harris and Rowland

Phoenix Pharmahandel, Europe's third largest pharmaceutical wholesaler, has moved into the UK pharmacy/wholesale markets with the acquisition of Philip Harris Medical and L Rowland.

News of the deal caught the pharmacy/wholesale sectors by surprise: it has been a tightly guarded secret for months. Rowland said it had been considering its future over the past 12 months and had been negotiating the deal with Phoenix for a few months.

Philip Harris took the initiative and approached Phoenix first to see if it was interested. It sent the German company its memorandum of sale in May.

Phoenix, a family-owned company based in Mannheim, has a 28 per cent share of Germany's pharmaceutical wholesale market. Its wholesaling interests extend to France, Italy, Austria, Hungary, the Czech Republic, Poland and the Netherlands.

The German company's annual turnover this year is expected to touch DM12.5 billion (£4.5 billion), which would place it behind Alliance UniChem's DM14 billion and Gehe's DM25 billion.

Phoenix paid £22.5 million for Philip Harris and an undisclosed sum for Rowland. Both Philip Harris and Rowland will retain their names, staff and executive boards, apart from a few changes. They will report to Dr Lorenz Naeger, responsible for Phoenix's operations outside Germany.

Dr Bernd Scheifele, Phoenix's chief executive officer, said the UK pharmaceutical market was an attractive proposition. "Due to a relatively low public debt and, in the European context, relatively low pharmaceutical spending *per capita*, the British market has good mid- and long-term growth prospects," he said.

The UK market's annual growth rate, he added, is expected to be about 7 per cent until 2002.

Philip Harris - formerly owned by

Novara - is the UK's third largest pharmaceutical wholesaler. It has five depots in Birmingham, Melksham, York, Stoke-on-Trent and Cambridge, which are said to give it close to 2 per cent of the drug wholesale market.

The group also owns 13 pharmacies and has interests in occupational health, medical equipment and rehabilitation. It earned a profit of £1.6m on a turnover of £87.7m for the nine months to December 31, 1997.

The group has more than 500 pharmacy customers and has written to tell them that, as a result of the acquisition, "we will have resources available to us that can lead only to the improvement of current systems and services to you."

Rowland is a private company - the Rowland family's majority stake in the firm exceeds 75 per cent. It has more than 500 employees and two depots in Wrexham and Cardiff, which have a 45 per cent share of the Welsh pharmaceutical wholesale market. Rowland has a 2 per cent share nationally. The group also owns 71 pharmacies and has an annual turnover of about £100 million.

Phoenix's expansion plans clearly include its newly acquired pharmacy chains. The company is believed to have an undisclosed target of pharmacies it would like to acquire.

David Cole, Rowland's managing director, said it would benefit from Phoenix's financial resources. "On the retail side, we'll be able to grow the chain without turning down so many outlets, as we've done in the past."

Sandy Young, Rowland's new group chairman, said its depots would offer a better service to independent pharmacies. "We will have the ability to help pharmacists financially. That has always been one of our weaknesses in the past," he said.

Rowland's depots could also benefit from synergies, such as parallel imports.

**Table: UK Pharmaceutical Wholesale market**

Company	% share
AAH Pharmaceuticals	37
Alliance UniChem	30
Baats	11
Regional wholesalers	13
Shartliners	7
Direct delivery	2

Source: BAPW

The company is one of Numark's preferred wholesalers and is likely to remain so after the acquisition.

Its interests also include Rowlink, an ordering and information software package for pharmacists. While Phoenix has a subsidiary, ADG, which specialises in pharmacy software systems, it is not planning to replace Rowlink with a German system.

Rowland's chairman, Rowland Cole, has resigned. Sandy Young has been promoted from chief executive to group chairman, while David Cole becomes group managing director. Some of the group's five non-executive directors will leave and will be replaced by Phoenix staff.

Rowland expects to receive the go-ahead from most of its remaining shareholders by December 14.

While Phoenix's new depots will give it a relatively small stake in the UK pharmaceutical wholesale market, the rewards are still lucrative. Regional wholesalers have a 13 per cent share of the £4.5 billion market.

Following Phoenix's deal there are 14 independent regional wholesalers left, excluding AAH and UniChem, which means the German company could still acquire more depots without fear of being referred to the Monopolies and Mergers Commission.

Michael Ward, AAH UK's chief executive, said it was not worried by the move because Phoenix would have only a relatively small share of the



**Dr Bernd Scheifele, Phoenix Pharmahandel's chief exec**

wholesale and retail markets.

The German company, he added, would have to invest a lot of money and take a long-term view over three to five years if it wanted to acquire other depots. "It would have to buy two or three depots, then consolidate them. But that won't be easy because most of the regionals have loyal customers, who won't switch their allegiances easily," he said.

Jeff Harris, Alliance UniChem's chief executive, said that Phoenix could face barriers if it wanted to buy many more regional wholesalers. "I think the Office of Fair Trading would be concerned about the removal of competition and that could be quite soon."

## Wella buys Yardley Bath Luxuries

KPMG, the receivers of Yardley of London, has sold the Yardley brand name and Bath Luxuries range to Cosmopolitan Cosmetics for an undisclosed sum.

Cosmopolitan Cosmetics, a subsidiary of Wella, has secured worldwide rights - excluding North America and South Africa - on Yardley English Lavender, Sandalwood, Lily of the Valley and English Fine Cologne.

Bath Luxuries had sales of around £15 million last year, one quarter of Yardley's total. Wella has set up a UK base called Yardley of London to manage Bath Luxuries.

This is the first major deal in Yardley's sale. KPMG is still negotiating with potential buyers for Old Bond Street Holding.

**Stop Press Stop Press Stop Press** Boots the Chemists is understood to have agreed to sponsor the Body zone section at the Millennium Dome. More details next week.

## Drug firms urge Government to join single currency

Major pharmaceutical companies are among 114 firms and organisations who have urged the Government to take up European Monetary Union as soon as is practically possible.

Sir Richard Sykes - GlaxoWellcome's chairman, Jan Leschly - SmithKline Beecham's chief executive, and John Baker - Medeva's chairman, have forwarded their names in a statement that

says the UK's economic interests will be served better within EMU.

The European single currency, it says, will promote low and stable interest rates, low inflation and it will protect companies trading within the Euro area from the "uncertainties of exchange rate fluctuations".

Outside EMU, UK businesses would be hampered by higher interest

rates and exposed currency.

The Government will not be among the first wave of countries joining EMU and has been vague about when it will take part.

The statement says UK companies will therefore be able to monitor how EMU is progressing, but "Britain's best economic interest is likely to involve joining soon after EMU is established."



## Goldshield woos pharmacies

Goldshield Group is looking for retailers, including pharmacies, to list its healthcare products.

The company, two of whose founders are pharmacists Ajit Patel and Kirti Patel, sells most of its products – mainly vitamins, minerals and supplements – by mail order.

Mr Patel, Goldshield's regulatory and medical affairs director, said it made commercial sense to widen distribution to a range of retailers. He refused to comment on speculation that the company is already talking to Boots and other pharmacy chains.

The company's healthcare products account for 55 per cent of its turnover, which rose 46 per cent to £15.9 million for the six months to September 30. Goldshield said its healthcare sales had risen 40 per cent, partly because it had attracted more mail order customers. The company's pre-tax profits grew 29 per cent to £2.1 million. It spent £800,000 on its flotation in June, which valued the company at £58 million.

Pharmaceutical sales, meanwhile, rose 50 per cent to about £7 million. Goldshield has 14 pharmaceutical reps and will recruit another ten by the end of its financial year. The group expects approvals soon on two niche products in the areas of haematology and rheumatology.

### COMING EVENTS

MONDAY, NOVEMBER 30

**Eastbourne Branch, RPSGB**, at the Eastbourne District General Hospital, 8pm. 'Hypnosis in Medical Practice' – speaker: Dr Tony Wahba.

**NICPPET** at the Mourne Country Hotel, Newry, 7.30pm for 8pm. 'CFC-free inhalers in respiratory disease'.

TUESDAY, NOVEMBER 1

**NICPPET** at the Brownlow Health Centre, Craigavon, 7.30pm for 8pm. 'CFC-free inhalers in respiratory disease'.

**Bristol Branch, RPSGB**, at the BAWA Leisure Centre, Southmead Road, Filton, 7.30 for 8pm. 'Ecstasy' – Speaker: David Nutt from the University of Bristol.

**NICPPET** at The Beeches, Hampton Park, Belfast, 9.30am to 4.30pm. 'Microsoft Word'.

WEDNESDAY, DECEMBER 2

**Wirral Branch, RPSGB**, at the PGMC at Clatterbridge, 7.30 for 8.15pm. – 'Asthma Drug and Device Update' by Janine Hammond, the respiratory care adviser for St Helens and Wirral.

THURSDAY, DECEMBER 3

**Sheffield Branch, RPSGB**, at Charnwood Hotel, Sheffield, 7.30 for 8pm. 'Erectile Dysfunction' (CPP).

# NHS Bill will force PPRS compliance

Pharmaceutical companies will be forced to comply with the renegotiated Pharmaceutical Price Regulation Scheme, according to the Government. Its NHS Bill, unveiled during the Queen's Speech on Tuesday, promises to introduce "reserve powers" to ensure drug companies comply and to "improve transparency and fairness in the supply of medicines to the NHS".

The Department of Health said it was too early to outline how these sanctions would work. And it would not confirm whether the clause refers

specifically to small pharmaceutical companies, who have bought brands from major firms and hiked up the prices considerably. "We are seeing increasing non-compliance within PPRS, we're looking at ways to stop that," said a DoH spokeswoman.

Such a move would fundamentally alter PPRS, which is a voluntary agreement.

The DoH is still investigating several companies, including Alliance Pharmaceuticals, Castlemead Healthcare and ICN Pharmaceuticals, over controversial price hikes.

## Biotech ends sales network

British Biotech has scrapped its decision to market and sell its own products around the world – the company wants to persuade major pharmaceutical companies to do so instead.

It is closing down its European commercial operations, with four redundancies, and is looking for partners for major markets, including Europe.

The move is a climb-down for BB, which set up its sales subsidiaries last May in the UK, France, Germany, Italy, Spain and the Nordic region.

As part of its cost-cutting programme, BB has also closed its biologicals scale-up plant in Oxford, with the loss of 24 jobs. The move is expected

to save BB about £2.5 million a year.

BB is to add 680 patients to trials on Marimastat, its oral treatment for cancer. The extended studies are expected to report from mid 2001 to mid 2002.

The company expects to publish the results of a Phase III trial on Zacutec, a treatment for acute pancreatitis, by spring next year.

BB's cost-cutting programme helped it to reduce its loss to £16.6 million during the first half of this year, about £3.3 million less than its loss during the same period last year.

It spent £18.6 million on research and development, a little less than it did during the same period last year.

## Wyeth student wins best postgrad award



Brian Collins, Wyeth production operations manager, has won £350 for being Brighton University's best postgraduate industrial pharmacy student. Mr Collins is one of 26 students at the University's School of Pharmacy and Molecular Sciences who have completed the two year distance learning industrial pharmaceutical studies postgraduate diploma. (l-r) Mr Collins, Stewart Green, director of quality assurance at Wyeth, who sponsored the prize, and Dr Ray Daisley, deputy head of the University of Brighton's School of Pharmacy and Molecular Sciences

## Intercare's £2.7m for Craig Generics

Intercare Group has acquired Craig Generics, a Glasgow-based generics distributor, for £2.75 million in cash.

The price includes a deferred element of up to £500,000, which could become payable if Craig meets certain profit targets next year and in 2000.

Craig is described as a leading distributor of generic and parallel imports to independent pharmacies in Scotland. It reported a pre-tax profit of £218,000 on a turnover of £5.7 million for the year to April 30.

The company expects its profits to rise this financial year – its turnover was £4.6 million in the six months to October 31.

Intercare already owns two pharmaceutical distributors: Impharm Nationwide, based in Bolton, and Harrogate-based Freeman Pharmaceuticals, which was acquired for £3.3 million in February.

John Parker, Intercare's chief executive, said: "Craig is extremely well situated to serve an increasing number of customers in Scotland, and complements our existing operations in the UK."

## 'Business person of the year' award

A Welsh pharmacist has been voted a runner up in 'business person of the year' in the annual Achievement Wales Business Awards.

William Jones, managing director of WL Jones Ltd, was nominated by his employees for expanding his single pharmacy business in Penrhynedd, over 15 years, to a company with five pharmacies that employs 35 people.

The awards are sponsored by the Daily Post, Midland Bank and Pricewaterhouse Coopers.

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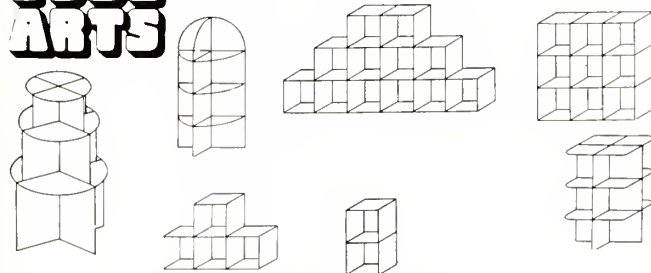
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TRADE LESS 25%+VAT - 12x8 Evorel 75 (exp 6/99), 2x56 Lamictal 100 (exp 3/01), 250 Naproxen e/c 250 (exp 3/99), 26 Exelon 3 (exp 10/99), 8 Fematrix 80 (exp 7/99), 80 Denoltab (exp 5/99), 10 Stemetil supp (exp 1/01). Tel: 0181 958 6768.

TRADE LESS 30%+VAT +p&p - 1x20 Piroven caps (exp 7/99), Potaba envules

(Exp 1/99), Rheumox 600mg (exp 12/98), Orimeten 250mg (exp 4/99). Tel: 01245 264252.

TRADE LESS 25%+VAT - 5x20 Vancocin matrigci capsules 125mg (exp 6/00). Tel: 01285 653539.

TRADE LESS 30%+VAT - 10x Kytril tabs 1mg (exp 5/00), 1x10 Zofran 8mg 1x10 (exp 10/99). Tel: 01792 458883.

TRADE LESS 30%+VAT - 2x30 Acid 150 (exp 5/99), 1x84 Cyprostat 100 (exp 10/01), 100 Cytotec 200 (exp 8/99), 150 Estracyt (exp 3/99), 2x28 Ilescol 200 (exp 3/00), 2x100 Pentasa 5000 (exp 2/01), 30 Seroquel 100 (exp 11/99). Tel: 01223 246535.

#### EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.



# Double celebration

What do Michael Burden and Diwali have in common? Diwali is catching on in pharmacy circles: nearly 300 pharmacists and guests turned out for the second Diwali celebration organised by the Leicestershire Branch of the Society. And Mr Burden? Well, he just happened to be the branch chairman who turned 60 on the night.

Past chairman Terence Mattock is perhaps entitled to a bit of one-upmanship when he says: "This unique cultural interchange was inaugurated in 1997 and represents a nationwide first for Leicester, but one which other cities are striving to emulate."

Rajni Hindocha, branch vice-chairman, organised the event. Letters of congratulation were received from Prime Minister Tony Blair and MPs Keith Vaz and Patricia Hewitt.



**Celebrating Diwali (standing left to right) are: Terence Mattock, Rajni Hindocha, Kiran Hindocha, Michael Burden, RPSGB president Hemant Patel, Divyesh Shah, and (seated) Joyce Mattock, Vela Burden and Mrs Patel, wife of the president**

## Expletive deleted

Monday morning, 10am, editor on phone to a head of department at the National Pharmaceutical Association, trying to persuade her to write an article.

Editor pauses for breathe. "You b\*\*\*\*\*", rattles down the wires loud enough to cause his secretary to ask, *softo voce*: "In trouble again, are we?"

"No, no", reassures the voice at the other end on the phone. Health secretary Frank Dobson had, it transpired, just called to say he wouldn't be coming to the Association's triennial dinner that evening. The NPA have these sophisticated phones with a visual display panel that allow someone to send you messages while you are on the phone to someone else. Most disconcerting!



**A 30-year stretch as a member of any local pharmaceutical committee suggests devotion beyond the call of duty. David Newton (right) has just retired as Hull LPC secretary having been on the committee in various roles since 1967. He also held key posts in the local branch of the RPSGB. Peter Curphey (left) paid tribute to him at a dinner earlier this month**

## APPOINTMENTS

Novartis has appointed **Godfrey Axten** as chief executive officer of its new consumer health company from January 1999. The post arises from the merger of the existing Novartis Consumer Health and Novartis Nutrition. The merger will be complete by early January with a focus on functional foods, medical nutrition and OTC medicines.

**Collette McCreedy**, head of the practice division at the National Pharmaceutical Association, has been elected to the executive committee of the Europharm Forum, the organisation of pharmaceutical bodies in the European region of the World Health Organisation. Her term of office runs for two years.

Pharmacist **Richard Godfrey** is moving from Reckitt & Colman to join EuroCaps Ltd as sales and marketing manager after the New Year. EuroCaps, part of DCC Healthcare, is a supplier of soft gelatin capsules for the VMS and OTC markets.

**Tony Philp**, previously general manager - healthcare at Nutricia, has joined Glendinning Direct as managing director. Glendinning Direct is a division of Glendinning Management Consultants. It specialises in running open course training for sales and marketing personnel.



**Godfrey Axten**



**Tony Philp**

## Straight from the garden shed

It's gratifying to be able to strut your pedigree once in a while, so thanks to Wendy, manageress at the Regal Pharmacy, Anlaby Road, Hull, who sent us a fax last week to say a member of staff had unearthed a June 1873 edition of *C&D*. It was a bit musty around the edges, but otherwise in good condition. Even then *C&D* was a bargain at 7s/6d for a year's subscription. And Rimmel, of 96 The Strand, was advertising its services as suppliers of fine perfumes and toiletries.

## Communication and the new lexicon of pharmacy

Hot on the heels of the deluge of jargon emanating from government bodies, the Royal Pharmaceutical Society has decided to join in.

Last week's official report of the November meetings of its various Council Committees had us weary journalists turning to our dictionaries for help. Following the advice of the chief sub - "If you don't know, look it up: if you're not sure, leave it out," - we declined to include the terms 'knowledge brokerage' and 'academic cognateness'.

That these words came from the Education Committee's report leaves us in awe. Surely, the key to education is communication? Help!

## An aspirin a day ...

Although their Lordships may be taxed about the loss of their hereditary powers, they are still able to come up with new indications for aspirin.

Last week, Lord Stewartby spoke in the debate about the new analgesic pack size regulations (p4). "My Lords, as one who takes a junior aspirin every morning in the hope of avoiding a heart attack as a result of the excitement of the proceedings in your Lordships' House, may I ask whether the Government has any figures for the number of people who set about trying to do themselves harm by taking junior aspirin?" he asked. Could warding off upper chamber induced heart attacks be the way forward for revitalising the analgesics market?

And with a touch of irony, particularly from the pharmacy viewpoint, there followed a debate on pharmacists' inclusion on primary care group boards. Rather appropriately, the next topic for debate was 'offshore wind electricity generation'. Thoughts of hot air come to mind.



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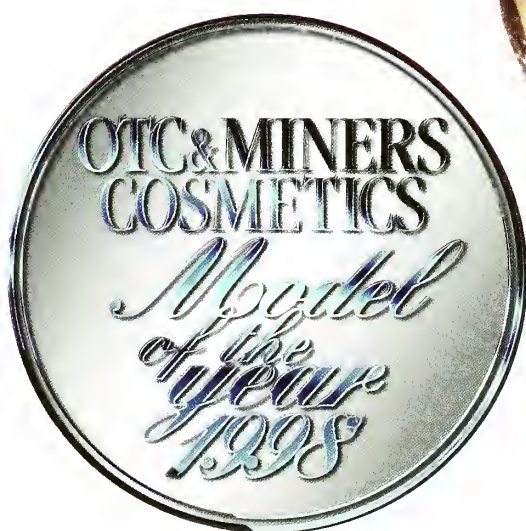
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November 1998

# OTC



Introducing Susan Grant, winner of the OTC/Miners Cosmetics model competition





*Her boyfriend's an hour late  
She's already started to think of her pharmacist*

Truth is, she's thinking of how to beat her desire for a cigarette. And her pharmacist's advice has been crucial. She was recommended NiQuitin CQ. The NiQuitin CQ patches have certainly helped take the edge off the need, making each day more bearable.

But enrolling in the Committed Quitters

Stop Smoking Plan put everything into perspective. It's personalised for her, and that's how she knew a restless wait could be tough. And it's how she knew the way to cope. So why think of her pharmacist? Because at least when it comes to giving up smoking, it's good to know she's not alone.

**NiQuitin CQ**  
Nicotine

STOP SMOKING AID



HELP HER STAY CALM, IN CONTROL - AND QUIT

**NiQuitin CQ Product Information.** Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm<sup>2</sup> patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day preferably

soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypotension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other

nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; NiQuitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.



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## Goodnight, sleep tight ... or not

From snoring and sleepwalking to insomnia and narcolepsy, Sarah Purcell reviews the spectrum of sleep disorders

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## I can't see clearly now

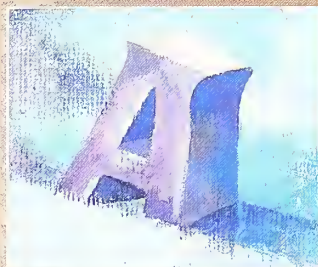
Customers with impaired sight or loss of sight have different needs that you may not have considered in your pharmacy

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## The A-Z of Supervision

Diane Bailey guides us through supervision and the rights and responsibilities it brings

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## Are you up to your eyes?

From anti-wrinkle gels and concealers to red mascara and eyeliner, Anne Mullee looks at the latest eye products

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# OTC

OVER THE COUNTER

Volume 11 Number 74

November 1998

## Testing, testing

Advice must go hand in hand with results when providing diagnostic testing in pharmacy, says consultant pharmacist Mary Allen

30



## Don't panic

Armed robbery and theft is always a risk in retail outlets. Our resident pharmacist Jeremy Clitherow offers us the benefit of his experience to ensure staff safety

32



## Cover photo & haircare credits

Photographer: Ronny Eshel

**Model:** Susan Grant, winner of the 1998 OTC/Miners Cosmetics Assistant Model Competition

**Make-up Artist:** Martin Carter, Miners Make-up Artist of the Year

**Hair stylist:** Carlos Ferraz

**Shoot directed by:** Tony Lamb

Susan's look was created using Miners Cosmetics: Loose Powder Eyeshadow in Purple Haze and Black to Basics, Megadust Supashine in Saturnz Returned and Possibly Pearl, Eyeline Pencil in Really Black, Superlash Volume Mascara in Black, Lipliner Pencil in High Pitched Wine and Lip Colour in Warp Factor





Congratulations to Susan Grant from Brentwood in Essex who is the 1998 winner of the *OTC/Miners Cosmetics* and our cover girl this month. Turn to page 20 to find out more about our day in the studio and see her being transformed by the skilled hands of our make-up artist and hair stylist.

Susan also appears on page 23, where Anne Mullee reviews the latest products for the eyes – from false eyelashes and glitter to anti-wrinkle gels. And if you've been secretly admiring this season's red make-up but haven't yet dared to put it near your eyes, we've some tips to help you avoid the unflattering 'just-finished weeping' look.

Eyes feature prominently in this issue of *OTC* and on page 12 we look at the problems for pharmacy customers who suffer from poor eyesight and blindness. Try closing your eyes for five minutes and find your way to the door and back to the counter. Did you bump into some dump bins positioned at the counter? Did you catch your sleeve on the edge of a shelf? A little more awareness can make life a lot easier for people with poor sight. As you know elderly patients tend to take a number of different medicines and often have poor sight. Therefore it's important to make sure they can read the labels clearly and can distinguish the different tablets before they leave the pharmacy.

Winter is always a busy time for community pharmacies. If it's not a last minute present as 5.55pm on Christmas Eve, it's a stream of customers with coughs and sneezes. But at times like these, customers appreciate the value of their community pharmacy and the trained staff who can advise and recommend instead of merely scanning the barcode and taking their money.

Our first issue of 1999 will be published on January 30, so until then I would like to wish all *OTC* readers a very happy Christmas and New Year

**Maria Murray**

Supplement co-ordinator

## NEWS

### What's bugging you?



Each day we experience close encounters with bacteria as we go about our daily routines.

New research by the manufacturers of Carex measured levels of bacteria on everyday objects and on parts of the body after carrying out common activities. Although there is no need to panic, as under normal circumstances we live alongside these bacteria quite happily, some of the results might prompt us to be a bit more meticulous about good hygiene practice – such as regular hand-washing.

- Bank notes carried more than 2,000 bacteria so it's hardly surprising that handling coins or notes increased bacteria levels on the hands three-fold
- A new tube ticket carries a mere 26 bacteria but this rises to 328 on a used ticket. Holding onto the escalator at a tube station almost trebled bacteria levels on the hands
- Typing, photocopying and using general office equipment increased bacteria 13-fold.

'Come Clean with Carex: A Guide to Good Hygiene' is a new booklet which explains what bacteria are, identifies situations in which they can cause health risks such as food poisoning and gives practical advice on minimising potential problems. For a free copy send a postcard with your name and address to: Come Clean with Carex, PO Box 14158, London SW11 6ZW.

### Fluoridation can save teeth

Children living in non-fluoridated areas of the country are four times more likely to lose a tooth to decay, compared with those whose water has been supplemented with fluoride.

Figures published by the National Alliance for Equity in Dental Health show that in non-fluoridated areas such as Glasgow, Belfast, Cardiff, Liverpool, Manchester and inner London, as many as one fifth of five-year olds have had at least one baby tooth extracted because of tooth decay.

By contrast, in areas such as Newcastle and Birmingham, where water has been fluoridated for 30 years or more, only one in 20 five-year-olds has had an extraction. Overall tooth decay is also halved in areas of water fluoridation.

Currently only 10 per cent of the population drinks fluoridated water. The alliance blames the low figure on current legislation meaning decisions about fluoridation are taken by water companies rather than health authorities.

### It's a fact: doctors' handwriting is dreadful

Researchers in Swansea have confirmed what every pharmacist and assistant has been saying for years: doctors "produce handwriting that is worse than that of other professionals".

The study, published in the *British Medical Journal*, reported how handwriting samples were taken from 92 people at the health authority headquarters and two hospitals in the town. The sample was divided into three groups: doctors, nurses plus other medical professions and administrative staff. The subjects were asked to write the letters of the alphabet and the digits 0-9.

When analysed using computer technology, the doctors' handwriting was found to be significantly worse than the other two groups, although the legibility of the numbers was similar for all.



### Can you help?

Crisis, the national charity for homeless people, is looking to recruit pharmacists and assistants to work voluntarily in their Christmas shelters. For the past 26 years the Crisis Open Christmas Network has provided vital shelter, companionship and services to vulnerable people at a time when they may feel particularly lonely and excluded from the Christmas celebrations.

Open from December 23-30 these shelters offer a range of services including access to pharmacists, doctors, chiropodists, opticians and dentists. Visitors to the centres will also have access to food, clothing, washing facilities, housing and benefits advice, and entertainment.

To make this happen again this year, Crisis has to recruit professional people who are willing to commit their time and skills over the Christmas period. Volunteers must be able to work a minimum of three eight-hour shifts between December 23-30.

Crisis volunteer services manager Vicki Burnett said: "Our shelters open at a time of year when many other services for the homeless tend to close. Only with the help of volunteers can we make sure homeless people enjoy a happy and safe Christmas."

To volunteer your services, please call Vicki Burnett on 0171 655 8322.



### Feet for Boots

Boots the Chemist is dipping its toe into the chiropody market with a £1 million investment to trial chiropody practices in six stores.

The in-store practices will be placed in purpose-built areas. The services on offer have not yet been confirmed but the practices will provide a wide range of treatments by state-registered chiropodists.

Its first chiropody practice will open in March 1999. Boots says that although fewer than one in ten people visit the chiropodist, the chiropody market is still worth more than £200 million and is said to be growing.



Congratulations go to pharmacy assistant Karen Hughff (centre) who works at the Delite Chemists in Rickmansworth. Karen, who recently completed the Cambridge Counterpart training course, achieved the highest scores of the month and as a result was presented with a bottle of champagne. She is pictured here with Margaret Stacey of Whitehall Laboratories, co-sponsors of the course and her supervising pharmacist Rupin Kotecha

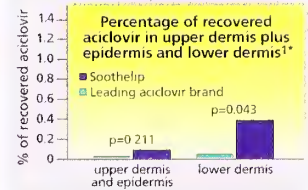




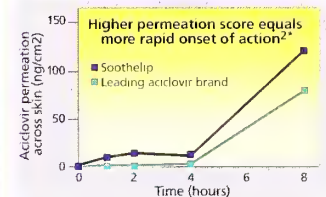
Deep down  
we're better than  
the original.  
Surprised?

**D**on't be misled into thinking that antiviral Soothelip doesn't perform as well as the original aciclovir cream. In fact, in some ways, especially penetration, it's significantly better!<sup>1\*</sup>

● Proven to penetrate more deeply<sup>1</sup> – so it can get to work on the virus and reduce the healing time of cold sores which have already appeared.



● Really fast absorption<sup>2</sup> – so when used at the first sign of a tingle it can stop the virus replicating and a cold sore forming.



- More soothing ingredients – contains emollients which can gently moisturise lips to prevent drying.
- More staying power – contains dimethicone which forms a protective water repellent barrier to help prevent accidental removal.
- More accessible – to new users and those using other brands, because it's affordably priced.
- More stylish advertising – effectively stimulates sales from new young consumers.

So why recommend the original aciclovir when Soothelip gives you more value?

#### SOOTHINGLY ANTIVIRAL




**NOTHING WORKS BETTER  
TO STOP, HEAL  
AND SOOTHE COLD SORES**

**PRODUCT INFORMATION:** Soothelip for Cold Sores: contains 5% of aciclovir in a smooth white to off-white cream. It also contains: cetyl alcohol, dimethicone, heavy liquid paraffin, polyethylene glycol – 5 glyceryl stearate, propylene glycol, sorbic acid, white soft paraffin and water. **Indications:** the treatment of cold sore infections. **Dosage and Administration:** cream should be applied to the affected area five times daily about every four hours for five days. If the cold sore has not healed after five days, treatment may be continued for a further five days. If the cold sore has not healed after ten days or gets worse during treatment, a doctor should be consulted. **Contra Indications:** hypersensitivity to aciclovir or any of the other ingredients. Do not use in eyes. **Precautions and Warnings:** Patients should be advised to seek the advice of a doctor before using Soothelip if they are pregnant, plan to become pregnant or are breast feeding, if they are allergic to any of the ingredients in the cream, or if their immune system is not working properly. Soothelip should not be used for herpes infections of the eye, inside the mouth or genital areas. **Side effects:** Transient burning or stinging following application of aciclovir cream may occur in some patients. Mild drying or flaking of the skin, erythema and itching has been reported in a small proportion of patients. Contact dermatitis has been reported rarely following application. **Basic NHS Cost:** 2g cream, containing 5% w/w aciclovir £4.49. **Product Licence Number:** 0142/0426. **Licence Holder:** Cox Pharmaceuticals, Barnstaple, EX32 8NS. **Sold and Distributed in the UK by:** Bayer plc, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Legal Category:** (P) **Date of Preparation:** November 1997.

**REFERENCES:** 1. Data on file. Percentage of recovered aciclovir in upper dermis plus epidermis and lower dermis. 2. Data on file. Comparison of aciclovir permeation (ng/cm²) across skin during first eight hours.

<sup>1</sup>In vitro testing

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## Lords call for cannabis

The Royal Pharmaceutical Society has welcomed a call by the Lords to deregulate cannabis from Schedule 1 to Schedule 2 of the Misuse of Drugs Act, which means it could eventually be prescribed.

However, there will be a lengthy wait for sufferers of multiple sclerosis, cancer and other illnesses after the Government rejected the call by the Lords committee on science and technology for the law to be changed.

The Lords came down in favour of allowing cannabis to be prescribed immediately for relief of pain, but it firmly rejected the general legalisation on the drug.

The Department of Health is overseeing two clinical trials for the use of cannabis for medicinal purposes but these are expected to take five years or more to complete.

The Government's rejection of the committee's findings was seen in Westminster as partly motivated by Tony Blair's desire to be tough on drugs, and to avoid being associated with the first move to legalise cannabis.

The RPSGB has recently set up a working party which is soon due to produce guidelines for clinical trials into useful cannabinoids.

## New Rx forms and checks for exemptions in Scotland

From October 1, Scottish contractors have been required to check patients' exemption claims. The Scottish Pharmaceutical General Council has agreed with the Scottish Office that a payment of £175 will be made to help with the start up costs involved, and an extra payment of 1.5 pence per item will be made.

In the first stage of the scheme, pharmacy staff are only expected to check certain categories of exemption for which evidence is available at point of dispensing. Patients should not be asked to produce evidence of exempt status. If a patient claims exemption and the pharmacist is

unaware of its validity, there is a box to be marked on the reverse of the form.

The second stage, accompanied by a second lump sum payment and starting on January 1, will require pharmacists and staff to check all exemption claims against evidence produced.

The new style prescription forms, due to be phased in between now and February, were delivered to health boards on the eastern side of the country (Borders, Fife, Forth Valley, Grampian, Lothian, Orkney, Shetland and Tayside) during October, and will be sent out to the western health boards in January. Old style forms will be withdrawn and all prescriptions should be written on the new stationery from February 1.

The forms will be printed using these coloured inks:

- GP10 – orange
- HBP – blue
- HBP(A) – pink
- GP14 – yellow
- GP10(N) – mauve (replaces GP10(PN) and GP10(CN)).

They will all have security markings, anti-tampering devices and serial numbers. Machine readable (OCR) boxes have been added to the front of the forms. There are OCR boxes for the patient's postcode and Community Health Index number.

## Flu jabs for over-75s to head off crisis

Flu jabs are to be made available to all over-75-year-olds as part of Frank Dobson's drive to avoid a winter crisis in the NHS.

The aim is to reduce the surge of demand on the NHS if there is a flu epidemic. The measures follow an NHS study into the lessons from handling the pressure on the NHS last winter, which was reduced because of the mild weather. Ministers privately were worried that they may not be so lucky next year, and allocated an extra £250 million to meet the winter pressures. Mr Dobson told MPs that the bulk of the money – around £159m – would be allocated to health authorities in line with the general allocations to the NHS.

The money can only be spent on special arrangements to deal with emergencies, on avoiding people becoming emergency cases in the first place and to enabling patients to get back to their own beds as soon as they can safely do so.

Around £50m will be held back and used to deal with particular local difficulties and bottlenecks. The overall aim is to support patients, mainly the elderly, with care at home either after being discharged from hospital, or avoiding hospital care, to reduce the pressure on beds and stop the queues lengthening.

Mr Dobson has warned Tony Blair that unless extra money was spent this winter, the strategy of cutting 100,000 off the waiting lists by next summer could be thrown off course.



## Nicotine gum to go GSL

Nicotine gum 2mg and minoxidil solution 2% are set to become GSL medicines in the latest proposals from the Medicines Control Agency.

The MCA is seeking to allow minoxidil 2% to be supplied for external use as a GSL medicine to treat androgenetic alopecia in men

and women aged between 18 and 65. It also wants to allow nicotine gum with a maximum strength of 2mg to be supplied GSL to aid smoking cessation for people over 16 years.

The public health white paper to be published in December by health minister Tessa Jowell is also expected to propose nicotine patches and gum should be available from news agents, corner shops and even pubs, where cigarettes are sold.

While the proposed extension to GSL for 2mg gum will mean greater access for quitters, Pharmacia & Upjohn, makers of Nicorette, believe pharmacists' counselling will continue to play an invaluable role in the smoking cessation process.

Other proposals included in MLX 248 issued in mid-November are:

- to allow liquid paracetamol for children to be supplied GSL in bottles containing up to 100ml
- to increase the number of ibuprofen 200mg tablets or capsules sold GSL from 12 to 16, keeping indications and dosage the same.

## Caribbean Fish Stew

With the winter nights settling in, what better way to warm up than this spicy fish dish from The Fresh Fruit & Vegetable Information Bureau. The quantities given should serve four with approximately 324 calories per portion



### Ingredients

- 8oz/250g unpeeled prawns
- 1 bay leaf
- 1 slice lemon
- 2 cloves garlic, crushed
- 1 lime, grated rind and juice
- 1 tsp chopped fresh root ginger
- 12oz/350g fresh tuna or swordfish, skinned and cubed
- 2 tbs oil
- 1 small onion, finely chopped
- 1 green pepper, seeds removed and diced
- 1 red pepper, seeds removed and diced
- 4 fl oz/120ml dry white wine
- 1 tsp demerara sugar
- 1 small mango, peeled and diced
- 1 dwarf pineapple or half a small pineapple, peeled and chopped
- salt and pepper
- 2 tsp cornflour

### Method

Peel the prawns, putting the shells into a saucepan, and refrigerate the prawns until needed. Add the bay leaf and lemon to the pan, cover the shells with water and bring to the boil. Simmer for 30 minutes. Meanwhile, put the garlic, lime rind and juice and ginger into a dish, add the fish, toss together and marinate for 30 minutes.

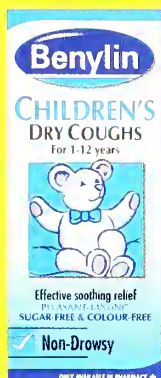
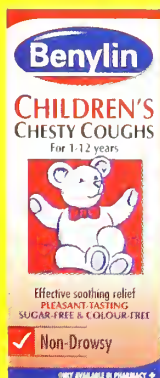
Strain the prawn stock into a jug, return to a clean pan and boil to reduce to 1/4 pint/150ml. Heat the oil in a large saucepan, add the onion and peppers and cook for five minutes over a medium heat. Add the stock, marinating liquid, wine and sugar and simmer for 15 minutes.

Stir in the cubes of fish and cook for five minutes. Blend the cornflour with a table spoon of water, stir into the stew. Add the mango, pineapple and peeled prawns and cook for 3-4 minutes until thickened. Season if required.



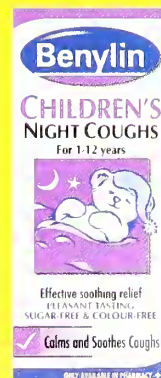
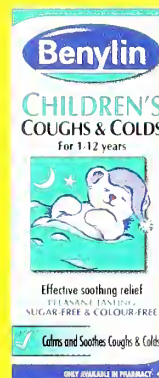


## CHILDREN'S



Benylin children's cough medicines are the *only* pharmacy-wide range which is sugar-free and colour-free.

What's more, they come with child-resistant caps. No sugar; no colour; no wonder Benylin Children's cough medicines are the Number 1 recommendation from pharmacists:



# Effective sugar-free and colour-free children's cough relief.



# Wake up to Nytol.

## Bright and refreshed.



- Z** The new re-launched Nytol is the brightest star in the OTC sleep aid market.
- Z** A market which Nytol still utterly dominates from the No 1 position, despite fierce competition.
- Z** But the first thing that should catch your eye is the new packaging. Look closer and you will see that Nytol Original and Nytol One-A-Night are

now both in easy to swallow caplets, in modern convenient blister packs.

- Z** The whole Nytol range continues to hold the eye of the consumer through extensive TV advertising, PR and advertorials in women's press.
- Z** You'd better stock and display Nytol right now, or the demand might just give you a rude awakening.

### The dream product's just got better.

**Product information. Presentation:** Nytol. White uncoated oblong caplets imprinted with an "N", each containing 25mg of Diphenhydramine Hydrochloride BP. Nytol One-A-Night: White uncoated oblong caplets imprinted with "N50", each containing 50mg of Diphenhydramine Hydrochloride BP. **Dosage and administration:** Two 25mg caplets or one 50mg caplet to be taken orally 20 minutes before going to bed, or as directed by a physician. Not recommended for children under 16 years. **Uses:** An aid to the relief of temporary sleep disturbance. **Contra-indications:** Hypersensitivity to diphenhydramine, asthma, narrow angle glaucoma, prostatic hypertrophy, stenosing peptic ulcer, pyloroduodenal obstruction or bladder neck obstruction. **Warnings and precautions:** Nytol and Nytol One-A-Night are not recommended during pregnancy or for nursing mothers. Concomitant use with alcohol, other hypnotics, sedatives, tranquilizers or monoamine oxidase inhibitors should be avoided. Nytol and Nytol One-A-Night should be

used with caution in patients with myasthenia gravis or seizure disorders. Nytol and Nytol One-A-Night produce drowsiness/sedation soon after dosing and will affect ability to drive/use machines. Tolerance may develop with continuous use. **Side-effects:** Dizziness, drowsiness, grogginess, dryness of mouth, nausea and nervousness. Antihistamines have been reported rarely to cause thrombocytopenia. **Pharmaceutical precautions:** Store in a dry place. **Legal category:** P. **Retail selling price including VAT:** Nytol £2.59 for 16 caplets. Nytol One-A-Night £3.99 for 16 caplets. **Product licence number:** Nytol 0036/0050. Nytol One-A-Night 0036/0069. **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, Herts AL7 3SP. **Date of preparation:** February 1998. Nytol is a registered trademark and Nytol One-A-Night and the Z's logo are trademarks of Stafford-Miller Limited. Further information is available from Professional Relations Division, Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, AL7 3SP.



*A sound sleep is often taken for granted until a night is spent tossing and turning and counting the hours until it's time to get up again. Sarah Purcell looks at the types of sleep disorders, their causes and management*

# Counting sheep – no substitute for sleep

We're all familiar with that lethargic, hung over feeling after a poor night's sleep and know how it can disrupt a normal day's activities. But what if it happens night after night after night?

As many as 30 per cent of people are thought to suffer some kind of sleep problem and, for half of these, insomnia becomes a way of life, says Dr Adrian Williams, who runs the Sleep Disorders Centre at Guy's and St Thomas' hospital.

While not getting enough sleep isn't fatal, if insomnia goes on for long enough then it will take its toll on your physical and mental health.

## Why we need sleep

No-one knows exactly why sleep benefits our health, but it is accepted that it does, and, conversely, not sleeping makes us function less well. Sleep is our natural response to tiredness, and when we sleep our body and brain slow down and are able to rest.

While we're asleep our bodies produce growth hormone, which is vital for children, and in adults enables the body to renew and repair itself. "Every tissue in the body, from skin cells and blood cells to brain cells appears to be renewed faster during sleep than at any time while we are awake," says Sheila Lavery in her book *The healing power of sleep*.

It is also believed that sleep helps us to fight off infection and boosts our immune system, which is why we tend to sleep more when we're ill.

When we sleep and for how long is governed by our internal body clock, called the circadian rhythm. The circadian rhythm is the 24 hour cycle which regulates our body's workings, telling our body when it's time to be



Jamie Lamb

awake and when to sleep. At night our body temperature and levels of adrenaline and corticosteroids fall, making it easier to sleep.

Our age determines for how long and how often we sleep – a baby can sleep for 12 hours at a stretch, while an elderly person might only manage four hours at a time.

There are two types of sleep, known as REM (rapid eye movement) and non-REM sleep.

● Non-REM sleep can be

divided into four phases, from drowsiness to deep, slow wave sleep, which is when the body repairs and restores itself.

● REM sleep is characterised by rapid movements of the eyes under the eyelids, and it's the stage when dreaming occurs.

Throughout the night we sleep in cycles of about 90 minutes, during which we pass through non-REM sleep, into REM sleep and then back again.

## How much is enough?

The average night's sleep is 8.1 hours, and some 95 per cent of us have between six and ten hours sleep a night, says Dr Williams. "Our requirements don't change as we get older, but our sleep becomes much more fragmented," he says.

But it's not how much sleep you get a night that matters, it's the quality of

**Continued on P10** ➤



## Good night habits

- Have a regular routine of getting up and going to bed at the same time each day.
- Avoid naps during the day, as they can disrupt your night-time sleep pattern.
- Take more regular exercise so your body will be more tired and ready for sleep by evening. However, avoid vigorous exercise just before going to bed.
- Avoid stimulants such as caffeine, alcohol and nicotine, which can keep you awake at night.
- If getting up for the loo during the night is a problem, cut down the amount you drink during the evening.
- Avoid eating a heavy meal just before bedtime.
- Have a regular winding down routine during the hour before bedtime.
- Make sure your bed is comfortable and the room, while well ventilated, is neither too hot nor too cold.
- If you can't sleep straight away, try not to worry about it. If you're still awake after 30 minutes or more, then get up, go into a different room and do something until you feel tired, then go back to bed and try again.

### Continued from P9

that sleep and whether you can function effectively the following day.

Margaret Thatcher was famous for thriving on just four or five hours a night, while Einstein was reputed to need 12 hours sleep a night – whatever works for you is normal. But if you feel that lack of sleep is affecting your daily life on a regular basis, then seek help.

## Insomnia

The most common type of insomnia is difficulty in getting off to sleep, and this is thought to affect half of insomniacs. The most common reasons for these are stress, anxiety or emotional trauma. Another common type of insomnia is repeated waking during the night and not being able to get back to sleep again, which might be caused by stimulants like alcohol and coffee, needing to go to the toilet or pain.

Waking early in the morning and not being able to get back to sleep again tends to affect people as they get older. This can be linked with depression, or it

may simply be that you don't need as much sleep at a time as you used to.

Experts divide insomnia into three categories:

- **Transient insomnia** (lasting a few days). This is usually caused by stress, anxiety or an external factor such as jet lag, and soon passes.
- **Short-term insomnia** (lasting up to 3 weeks). This is usually due to an emotional problem, such as divorce or bereavement, illness or shift work. Counselling, as well as medication, should be recommended if the cause is emotional.
- **Chronic insomnia** (lasting several months to years). Depression is thought to be the cause in a third of chronic insomniacs, says Dr Williams, while other major causes are illness, alcohol and some drugs.

## Treatment available

Prescription medicines include benzodiazepines. There are several types available, from those which work for six hours to those which last for more than ten hours. Side effects can include a hangover feeling during the day and physical or psychological dependency if taken for long periods.

Cyclopyrrolones are a newer type drug, which work in a similar way to benzodiazepines, but without the hangover effect.

Chloral drugs are the oldest type of sleeping aids still in use. The body gets used to these drugs quite quickly, which means that higher doses are needed to get the same effects.

Melatonin is the newest sleeping drug, based on the hormone melatonin which is responsible for regulating our internal body clock. It is used by travellers for jet lag and to help redress body clock imbalances.

## OTC drugs

Antihistamines are commonly used in over the counter sleep remedies, including Sominex (promethazine), Nytol (diphenhydramine), Medinex (diphenhydramine) and Phenergan Nighttime (promethazine). Designed for short-term insomnia, they have a depressant effect on the brain, inducing sleep, and daytime drowsiness is much less likely than with benzodiazepines.

There are a growing

number of herbal remedies available, and are popular with people who don't like the idea of taking 'drugs' to get to sleep. Herbs thought to be most useful include passiflora, valerian, hops, wild lettuce and hypericum. Remedies include Kalms, Natracalm, Somnos, Nodoff, Nytol Herbal, Slumber and Natrasleep.

Flower remedies, such as Bach Flower Remedies, are thought to be beneficial, as are aromatherapy oils which can help to relieve stress and tension, aid relaxation and so help to promote restful sleep. The most useful for insomnia are lavender, ylang ylang, clary sage and camomile, available from companies such as Tisserand, Gerard House, Shirley Price Aromatherapy.

## Snoring

As well as keeping others awake, snorers suffer disrupted sleep themselves. About 40 per cent of men snore, compared with 28 per cent of women. Triggers are thought to be smoking, alcohol, being overweight, allergies and sleeping on your back. While some snorers sleep through the night without waking, most have fragmented sleep which affects them during the day.

For severe snorers (and their sleeping partners!) there are OTC remedies available, which include homoeopathic nose drops and nasal strips such as Breathe Right, which hold the nostrils open. There are also devices which are worn in the mouth.

## Sleep apnoea

A more serious condition associated with snoring and choking attacks is sleep apnoea, which causes severe tiredness during the day and memory problems. Choking episodes occur when the airway becomes temporarily blocked by the soft palate, which can last from 10-90 seconds, and in the severest cases can happen up to 1,000 times a night.

Conditions including heart disease, high blood pressure and stroke are all associated with sleep apnoea, and daytime accidents are much more likely in sufferers. In severe cases a device called a CPAP (continuous positive airway pressure) is used, which keeps the airways open while the patient sleeps.

## Sleep walking

Some 15 per cent of people sleep walk at some time during their lives, and it's most common in children. In adults, it's usually due to periods of stress or anxiety, or doing shift work. Conditions such as epilepsy and migraine are also associated with sleep walking.

If someone is sleepwalking then you should never wake them up, but steer them gently back to bed and reassure them. For sufferers, avoid getting over-tired and stick to a regular bedtime. If stress or anxiety is a factor, then practise relaxation techniques before bedtime.

## Narcolepsy

This rare inherited condition affects less than 0.5 per cent of the population. Sufferers will fall asleep at random at any time, no matter what they are doing, which is obviously extremely dangerous, and they are usually tired during the day. The condition itself is incurable but can be controlled with regular daytime naps, amphetamines and antidepressant drugs.

## Case study

Cheryl Hughes, 42  
"My problem is staying asleep. I manage to fall asleep every night without any problem, but I wake up every night about three hours later. This has been going on for the past ten years. The only time it improves is if I go on holiday for longer than two weeks – I start to relax by the third week and sleep better then."

My insomnia is stress and anxiety-related, but it's also become a habit. It affects all aspects of my life. I run on adrenalin and tend to feel slightly below par most of the time.

I do autogenics, a relaxation technique, every afternoon which helps control my stress levels. I've tried all sorts of treatment. At the moment I'm trying a drug called melatonin. I've used aromatherapy, sleep tapes – you name it, I've tried it.

For me, I can't just say it's one particular thing and if I solved that then I'd be cured. You've got to find ways to reduce your anxiety levels and lead a healthier lifestyle too."



Now on  
TV



## JUGGLING A BUSY LIFE MAY BE HARD TO SWALLOW, BUT NEW SETTLERS WIND-EZE GEL-CAPS AREN'T.

Fast food, fast living, juggling a family and a career, lifestyle stresses can be a right pain in the stomach, thanks to trapped wind. Affecting almost 1 in 3 people,<sup>1</sup> painful trapped wind has a characteristic bloating feeling that's easy to spot and easy to remedy, with new Settlers Wind-eze Gel-Caps.

Developed to work fast and designed with the consumer in mind, new Settlers Wind-eze Gel-Caps are liquid filled, easy to swallow and, unlike some remedies, have no chalky taste. So stock up now, because with a £2 million spend in the run up to Christmas, new Settlers Wind-eze Gel-Caps is one performer that's too good to miss.



Contains simethicone

**New, liquid filled, to bring express relief from bloating & trapped wind.**

**Product Information:** Settlers Wind-eze Soft Gel Capsules. **Presentation:** Simethicone USP 125mg in a white soft gel capsule. **Dosage and Administration:** One gel capsule to be taken, 3 or 4 times daily or as required after meals. Not recommended for children under 12 years. **Uses:** antilflatulent defoaming agent for symptomatic relief of flatulence, wind, pains, bloating, abdominal distension and other symptoms associated with gastrointestinal gas. **Precautions:** Should not be used by patients with known hypersensitivity to any of the ingredients.

Seek medical advice if symptoms persist or worsen. May be used safely during pregnancy and whilst breast feeding. **Legal category:** GSL. Cost inclusive of VAT £3.49 (20's). **Product Licence Number:** PL0036/0073. **Product Licence Holder:** Stafford-Miller Ltd., Welwyn Garden City, Herts, AL7 3SP. **Date of Preparation:** September 1998. **Reference:** 1. Taylor Nelson research, November 1995. DO3746.

**STAFFORD-MILLER**



# When eyes grow old

*As people age, their sight can deteriorate. Adrienne de Mont describes some of the causes and suggests what can be done to help*

Many people would rate their eyes as the most valuable of all their senses. Eighty per cent of all information about the outside world goes through our eyes, yet we often take them for granted.

As we grow older our eyes become more vulnerable to disease. Unlike our feet or our teeth, our eyes rarely let us know if something is wrong. Some eye disorders are painless and vision is not affected until there is serious damage. That is why it is important to visit an optometrist (previously known as an ophthalmic optician) at least once every two years for an eye check, or more often if advised. From April 1999 all pensioners will be eligible for free tests on the NHS, but those who have not had a check for a long time should be advised not to wait till then.

As well as checking sight, the examination can pick up early signs of eye disease before the symptoms become obvious. Starting treatment at this stage can prevent further deterioration.

Elderly people, in particular, need to make sure their glasses are the right strength. They are already prone to falling and are more likely to do so if they cannot see clearly.

Visual defects are one of the most common causes of disability in the world. In Britain, nearly one million people are blind or partially sighted – that is almost one person in 60. A visual impairment can be defined as a sight defect that cannot be corrected by glasses alone.

Only 4 per cent of visually impaired people see nothing at all. Others have some useful vision, even if it is only being able to detect light. About eight out of ten visually impaired people are over 60.

Many older people simply think that failing sight is an inevitable part of ageing, but it could be due to a treatable eye disease.



**Older patients may have difficulty reading medicine labels**

## Causes of poor vision

### ● Presbyopia

As we become older the eye loses its ability to focus on close objects because the elasticity of the lens and its muscles decreases. From the age of about 40 many people, whose sight has previously been good, start to have problems reading small print. This condition is known as presbyopia. Many pharmacies now sell reading glasses, which are magnifying lenses of various strengths and have both lenses the same strength. Ideally customers should have a full eye examination by an optometrist, to check eye health, before buying these glasses over the counter.

### ● Macular degeneration

More serious is a condition known as macular degeneration, which is the most common cause of sight loss in people over 60. The macula is a small spot in the centre of the retina at the back of the eye, where vision is especially sharp. If it becomes damaged or wears out with age, people may see a dark area in the centre of their field of vision. Straight lines may appear wavy. They may have problems recognising faces, reading or threading a needle. The condition is not painful and does not lead to total sight loss.

Most people have dry macular degeneration, which cannot be treated. About one-tenth have wet macular degeneration, of whom a few may be helped

by laser treatment. They may find it useful to wear a visor to cut out overhead glare and use an anglepoise lamp and magnifiers for reading.

### ● Cataract

Cataract is another condition mainly affecting older people. The lens clouds over and there is a gradual loss of vision because light cannot pass through to the back of the eye. It usually happens in both eyes, although one may be worse than the other. Objects may seem blurred round the edges and take on a yellowish tinge. Sometimes people see double because the cloudiness occurs in more than one place in the lens,

**Continued on P14 ♦♦**



cribing  
**Emollient Wash cream**  
 ce, non foaming, creamy  
 emollient soap substitute  
 which contains Paraffinum  
 Liquidum, Cera  
 microcrystallina, Zinc Oxide,  
 Meth-4, Polyethylene, Cetyl  
 methicone, Aluminium  
 stearate, BHT, Stearic Acid.

washing of dry, itchy skin  
 conditions such as eczema,  
 dermatitis ichthyosis and  
 psoriasis.

**Dosage and Administration**  
 Adults and children: Use as  
 directed.

**Contra-indications,  
 Warnings etc**  
 Emollient Wash cream  
 should not be used by  
 patients who are sensitive to  
 any of the ingredients.

Patients should take care not  
 to rub when using before  
 bathing and showering.

**Usual Dosage Quantities** 250ml  
 per pack.

**Approximate NHS cost** 250ml £2.75.  
 Not ACBS listed.

**Manufacturer** Crookes  
 Healthcare Ltd, Nottingham  
 NG2 3AA.

**Date of Preparation**  
 October 1998.

**Emollient Cream**  
 A smooth emollient  
 cream which contains White  
 Paraffin BP 14.5% w/w,  
 Liquid Paraffin Ph Eur  
 9% w/w, and  
 Allergenic Anhydrous  
 Lanolin 1.0% w/w.

For the symptomatic relief of  
 skin conditions where the  
 use of an emollient is  
 indicated, such as flaking,  
 dry skin, ichthyosis,  
 allergic dermatitis, sunburn,  
 dry stage of eczema and  
 in dry cases of psoriasis.

**Dosage and Administration**  
 Adults and children: Apply to  
 affected part two or three  
 times daily.

**Contra-indications,  
 Warnings etc**  
 Cream should not be used  
 by patients who are sensitive  
 to any of the ingredients.

**Usual Dosage Quantities**  
 Tubes containing 50g,  
 125g and 500g.

**Approximate NHS Cost**  
 50g £1.18, 125g £2.39,  
 500g £5.61.

**Legal Category** GSL.

**Product Licence Number**  
 027R/5904.

**Product Licence Holder**  
 Crookes Healthcare Ltd,  
 Nottingham NG2 3AA.

**Date of preparation**  
 October 1998.

**Emollient Bath oil**  
 Further information is  
 available on request from  
 Crookes Healthcare Ltd,  
 Nottingham NG2 3AA.

**Legal Category** ACBS listed.

**Date of preparation**  
 October 1998.

**References.**

1. Birch Jones J, Graham

2. 3. 9-11. 2. Blaszczak

3. Blaszczak M, Prystupa K,

4. Ukut N. Poster presented

ADV, Nice, 1998.

## Soap and water don't hurt. Unless you've got eczema.



The harsh action of soap makes eczema worse. That's why E45 Wash is formulated without soaps or detergents.

As a non-drying emollient cleanser, E45 Wash is unique with clinically proven benefits in the management of eczema.<sup>1</sup> And now, recent



Wash

evidence proves how effective it is when used in combination with E45 Cream and E45 Bath, as E45 Complete Emollient Therapy.<sup>2</sup>

Just as importantly, E45 Wash is convenient and pleasant to use which means compliance.

Would you accept any other substitute?

## The soap-free substitute suitable for eczema.





so the light rays reaching the retina are split.

The most effective treatment is an operation to replace the lens with a plastic one. This is often done by day surgery under sedation and a local anaesthetic.

#### ● Retinopathy

People with diabetes may develop retinopathy, which is damage to blood vessels in the retina. Vision becomes patchy and blurred. If carried out early enough, laser treatment can prevent further sight loss. Good control of diabetes can help delay the onset and further damage, which is why people with diabetes are encouraged to monitor their blood sugar regularly and try to keep it within certain levels.

#### ● Glaucoma

Glaucoma is a disease of the optic nerve which can be treated easily if diagnosed early but can lead to blindness if not. The most common form is chronic or open angle glaucoma. The exact cause is unknown but in some people the nerve damage results from raised eye pressure. The sufferer sees blank patches close to the centre and at the edge of the visual field. By the time these symptoms are obvious the eyes may have been permanently harmed, which is why eye tests are important to detect an early build-up of pressure. People most at risk are those aged 40 and over, Afro-Caribbeans and Africans over 25 and anyone with a close relative who has had glaucoma.

Treatment is with eye drops, which must be used regularly, to reduce the pressure. Occasionally laser treatment or an operation is needed to improve drainage of fluid from the eye.

Acute glaucoma is much less common, but requires urgent hospital treatment. There is a sudden severe blockage to the flow of fluid, usually only in one eye. It causes pain, redness and blurred vision, with nausea, vomiting and headache.

### How you can help

● Close your eyes and imagine what would happen if you walked round your pharmacy. Are there any obstacles such as dump bins or unpacked goods on the floor to present a hazard to a blind person?

● Are the goods on your shelves well lit so elderly

RNIB



Looking through the eyes of someone with glaucoma

people can read the labels easily? Good colour and tone contrast (dark against light colours) and clear signs in large lettering make it easier for customers with sight problems to find their way around.

● Most blind or partially sighted people use shops in the same way as sighted people, but they may need help. Introduce yourself as a member of staff and then touch them lightly on the arm, rather than grabbing them unannounced, which can be alarming. The Royal National Institute for the Blind (see below) has a leaflet, 'Helping blind and partially sighted people,' which describes how to guide them round the shop. It recommends offering to describe products and services, and read the labels and prices.

● Try to label medicines in large, bold type – the RNIB recommends a size of at least 14 point with plenty of space between each line. Do not print text in capital letters as they are more difficult to read. Offer to read out the directions as you hand over the medicines. Special labelling guns are available to produce braille on an adhesive strip (details from RNIB). Information could also be recorded on a cassette for use at home.

● Partially sighted patients might benefit from compliance aids to help with medicines taking, particularly those with embossed markings or that click as they are rotated on to the next dose. Devices such as Opticare are available to help people who

have to instil eye drops regularly.

● Suppliers of aids to everyday living include Smith & Nephew Homecraft and AAH Pharmaceuticals. The latter's Home Health range includes brightly coloured plates and cups to contrast with plain backgrounds, and more light-hearted items such as giant Scrabble. The RNIB also offers lines for pharmacies to sell such as medicine dispensers from £1.21, a tablet cutter at £5.62, eye drop dispensers from £2, and the Medigrip bottle gripper at £1.99. Bulk discounts may be available, from RNIB customer services on 0345 023153.

● The RNIB can provide free consumer leaflets as part of its eye health campaign – 'Open your eyes

and get a good eye test' and 'Half an hour could save your sight', together with materials publicising its helpline.

A booklet for health professionals, 'Your words could save their sight,' is also available free to pharmacy staff from RNIB customer services (telephone number given above).

● People with glaucoma should avoid taking some OTC medicines such as decongestants used in cold remedies, antihistamines and hyoscine. Ask your pharmacist if in doubt.

● If your pharmacy is planning a refit, the joint mobility unit based at RNIB offers an access audit from £250 plus VAT. The written report gives recommendations on making access easier. Flooring changes, such as from carpet to lino, identify routes to the counter.

### Prevention

As with other diseases, action taken early in life can help reduce our chances of developing eye problems later on.

Both the retina and the lens are believed to be at risk of damage from free radicals produced by sunlight or cigarette smoke. Strong ultra-violet light may contribute to cataract formation so wearing good sunglasses in bright sunlight is a wise move.

There is some evidence that a diet rich in anti-oxidants, particularly the carotenoids found in spinach, red peppers, broccoli, peas and celery, may help to maintain healthy eyes.

### Some useful addresses

● The Royal National Institute for the Blind, 224 Great Portland Street, London W1N 6AA, provides over 60 services to partially sighted and blind people, and gives information and support to anyone with sight problems (helpline 0345 669999).

● Action for Blind People, 14 Verney Road, London SE16 3DZ (0171 732 8771). Offers an advice, welfare rights and grants service, and help with employment, housing and holidays.

● International Glaucoma Association, c/o King's College Hospital, Denmark Hill, London SE5 9RS (0171 737 3265). E-mail iga@kcl.ac.uk. The IGA offers information in the form of newsletters and booklets, holds regular meetings nationwide and campaigns for increased public and governmental awareness and for early detection and treatment.

● Partially Sighted Society, PO Box 322, Doncaster, South Yorkshire DN1 2XA (01302 323132). Helps visually impaired people to make the best possible use of their residual vision.

● British Diabetic Association, 10 Queen Anne Street, London W1M 0BD (0171 3231531). Offers advice on diabetes through a wide variety of publications and videos and has over 450 local branches which organise support and social activities.



# LOCKETS and TUNES helping you and your customers beat the coughs and colds season



No doubt customers have already been sneezing and spluttering their way to your pharmacy with the unpleasant symptoms of colds and flu, leaving us in no doubt that the coughs and colds season is well upon us. As most of us will catch an average of two to three colds a year and over 60% of us will catch at least one cold, none of us are immune from the wide variety of common cold viruses.

Mars Confectionery, the maker of the UK's best-selling medicated confectionery brands, TUNES and LOCKETS, know that it can be hard work giving advice to a stream of customers all suffering the effects of cold and flu. In this TUNES and LOCKETS competition, you have the chance to win a great winter pick-me-up. The sumptuous TUNES towelling bathrobe and chunky LOCKETS mug are just the things to allow you to sit back, relax and pamper yourself with after a hard day at work.

As the UK's best known, most trusted and best-selling medicated confectionery brands, TUNES and LOCKETS are a reassuring sight for those who need relief from the worst of their symptoms. TUNES and LOCKETS should be dual-sited

near the till as well as on the main fixture so that cold-sufferers can find them easily.

LOCKETS, the number one medicated sweet with the highly effective, double action helps 'clear your nose and ease your throat'. LOCKETS come in three varieties: Honey and Lemon, Blackcurrant, and Extra Strong with Vitamin C, and are the only lozenges that provide effective relief for both a blocked nose and sore throat in one sweet.

As the UK's most recognised medicated confectionery brand, TUNES are famous for helping the nation to 'breathe more easily' because their clinically proven formula delivers the optimum dose of menthol in each sweet.

TUNES are also famous for their fabulously fruity taste and there are three to choose from – Original Cherry, Fruity Blackcurrant and Fruity Orange.

All you need do to be in with a chance of winning one of the TUNES and LOCKETS pick-me-ups is to send your name and address on a postcard to: Mars Competition, Chemist & Druggist, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW. The first 15 picked out of the hat after the closing date of December 19 will be the lucky winners.



**Rules:** 1. The competition is open to pharmacists and pharmacy assistants only. 2. Only one entry per person will be accepted. 3. The competition is not open to employees of Mars Confectionery or Miller Freeman, their agencies or relatives. 4. Entries received after December 19, 1998, will not be eligible. 5. The first 15 entries drawn at random after the closing date will be awarded a prize as stated. 6. The judge's decision is final and no correspondence will be entered into. 7. Mars Confectionery reserves the right to use any submission for future publicity. 8. The winners' identities will be available from Mars Confectionery upon submission of a stamped addressed envelope two weeks after the closing date of the competition. 9. No cash alternatives may be offered. 10. Entry to the competition is taken as acceptance of the rules. 11. Proof of posting cannot be taken as proof of receipt. 12. No purchase necessary to enter.



# The A - Z of Supervision

In the first of a two-part series, training consultant *Diane Bailey* examines all aspects of supervision and the rights and responsibilities it brings





Dealing with people is one of the most rewarding, yet often most demanding aspects of working in a pharmacy. Customers come and go and you work hard to meet their expectations and satisfy their needs both as customers and as people. Dealing with colleagues, particularly if you have to supervise them, is another aspect of the job and sometimes it is even more demanding than dealing with customers.

It has often been said that becoming a supervisor for the first time is a greater change than moving from being a director to being a managing director. We all tend to criticise our supervisors when we are not supervisors ourselves but rarely stop to think what the role involves and the demands which are placed on supervisors.

Peter Drucker, a famous management thinker and writer says, "Management is the art of getting things done through other people". For someone working in a pharmacy, supervision could be said to be 'understanding what has to be done to make the pharmacy effective, then working with and through colleagues to get it done'.

Supervising people is not about telling people what to do, but about working with them, equipping them and leading them to do what is necessary. Supervisors have expectations of their staff but staff also have expectations of their supervisors. Supervisors have rights, but also have responsibilities.

In this article and the one which will follow in January's issue, I intend to use the alphabet to look at some of the demands and requirements of being a good supervisor - a brief ABC of supervision in fact.

## A is for Advice

As a supervisor you will be able to offer advice to your colleagues. The advice you make available will depend on your pharmacy, the people themselves and the circumstances. In a normal working day, however, you will need to be prepared to offer advice about such issues as how to solve problems and how to deal with customers. Advice offered in a friendly supportive way is more likely to be valued and taken than that which is given sharply or as a put-down. You can't force people to take your advice, but you can persuade them.

## B is for Believe

The best supervisors are those who believe in the competence and goodwill of their staff, rather than having to watch everything which goes on. Supervision is not about rigid control and the 'all seeing eye', it is about equipping people to do their job effectively and then believing in their goodwill and competence. Most people actually want to do a good job and are motivated to do so by a supervisor who trusts them. Believing in your people does not mean that you abdicate responsibility or need to be afraid to make requests, give instructions or ask for action to be taken. It does, however, mean that you can rely on people to do what is necessary and to report problems or issues of importance to you. People who are trusted almost always shine.

## C is for Communicate

Experts believe that if we improved communication in business by 10 per cent, business problems would be halved - think what a 1 per cent increase could achieve. One of your main responsibilities as a supervisor is to communicate clearly and effectively with your team and on behalf of your team. As a supervisor you will often be the channel of information from staff to the pharmacist, or manager, and from them to the team. Your team needs you to communicate clearly to them on business issues, work demands, their own performance, changes in product groupings, feedback from customers, complaints and problems, and anything else which affects their work. They have a right to expect you to communicate with the pharmacist and/or manager on their behalf on issues which are important to them, for example, on how they feel about working conditions and details about their problems and needs. It's important to remember that communication is a two-way process, with a transmitter and a receiver. As a supervisor it is part of your responsibility to ensure that people understand what you communicate, just telling them often isn't enough.

## D is for Design

Part of a supervisor's role is to work with staff to design

the best way for them to carry out their job. This will involve you in talking about their jobs, and helping them to set appropriate and measurable objectives. You will also need to work to people's strengths. Therefore you will need to know what they are. Working to people's strengths means focusing on what they can do well, or very well, and supporting and helping them to correct their weaknesses, rather than expecting everyone to do exactly the same thing in the same way. Knowing people's strengths and weaknesses will help you to design ways for people to shine, but also ways of helping people develop and improve their weak areas.

## E is for Empower

Some supervisors believe, wrongly, that seniority means they hold all the power and are able to keep for themselves the right to take all decisions. This type of supervisor insists that their staff have to ask for permission and check out all decisions before taking any action. This can be seriously demotivating for staff and also can reduce the quality of service provided for customers. Generally, empowered staff are happier, closer to the customer and do a better job. Consider how your staff could be further empowered. Power grows if you give some away!

## F is for Feedback

We all want the answers to two important questions about our work. The questions are "What is expected of me?" and "How am I doing?" As a supervisor one of the most important things you need to do is to give feedback to your staff on how they are doing. To be useful, feedback has to be acceptable. This does not mean that you only talk about the good things. To do so would be to prevent your team from developing or learning from their mistakes. Positive feedback, which praises people for achievements and things well done, is something we all need. In fact, it is something we are all generally short of. Praise is a great motivator and it costs you nothing. There's a lovely phrase 'Catch people doing something right, rather than waiting for them to do something wrong'. At work

an individual's immediate supervisor is a very important influence. For the supervisor to offer praise or congratulations is very pleasing and encouraging.

However well intentioned, everyone makes mistakes or gets things wrong from time to time. These are not opportunities for blame but rather chances to give developmental feedback which helps people to learn and improve. Make sure when providing this type of feedback that you concentrate on the facts of what went wrong, rather than on the individual or their personality - for example comment on the effects of the mistake, rather than saying something like "You're always doing X or Y, why can't you be better/faster etc?" Discuss the problem rather than the person. This helps people to find a solution rather than becoming defensive. Most of us know very quickly when we do something wrong.

While on the subject of feedback, your staff will have opinions about you and how you do your job and fulfil your responsibilities as a supervisor. Encourage your team to give you some feedback, it could be very useful and could help you learn a lot.

## G is for Growth

Being a supervisor is not always easy. One way to ease the demands on your self and to offer greater motivation to your team is to help them grow. The more competent and efficient the members of your team can be, the more your time is freed from day-to-day tasks and issues. This way you are freer to concentrate on planning, organising and communicating.

One way to help your colleagues grow is to discuss their training needs with them (several of my earlier articles give some advice on training and learning). Work with your team to make sure they have opportunities to learn all they need to know. You can arrange this together by agreeing new tasks for them to tackle, making sure everyone has a chance to try all aspects of pharmacy work which are not restricted to certain people. Delegating parts of your own work can also be a good way to help people to grow. If you do this, make sure that you delegate some interesting tasks, as well as the boring ones!! People



who have an opportunity to grow in their job are generally better motivated, more interested and happier in their work.

## H is for Helping

One important aspect of the supervisor's role is helping, not just their staff, but their boss, their customers and their suppliers. The help necessary can take any form, e.g. making information available, advising on product benefits, explaining pharmacy procedures, explaining how a task should be carried out or helping to find a solution for a problem. By the way, when members of your team have a problem or are in difficulties, it is much better if you work with them to help them find a solution for themselves. If you give them the solution, you solve the immediate problem, but you

do not help people develop the ability to think for themselves. In fact you will develop the habit of dependency which makes your team less effective and places more and more demands on you, thereby tying up your time and energy.

## I is for Inspiration

One of the characteristics shared by good leaders and supervisors, is the ability to inspire their teams. Even in the best pharmacy day-to-day life and work can become routine and non-interesting. Good supervisors have a vision of what the pharmacy and its staff need to achieve, good customer service, repeat business, interesting displays, and good product ranges. Sharing this vision with your team helps them to see where they fit in and

to understand the importance of their contribution to the business and helps keep their enthusiasm going when things are slack or too busy.

## J is for Joining in

Being a supervisor means finding a special position. You need to be part of the team so that you can understand the people involved and what is required of them. You need also to keep a certain distance so that you can be objective about what is required of the team and the individuals and look objectively at performance and achievements. The supervisor needs to be close enough to the team to understand the demands made on it and to be able to balance the abilities and talents of the individual. You also, however, need to be far

enough away to be respected for being fair and objective, rather than taking the easy way out of being liked for being 'one of the gang'. Your responsibility as a supervisor is to the team, but also to the pharmacy and your own job.

## K is for Knowledge and L is for Learning

One thing a supervisor does need is knowledge. You need knowledge about the pharmacy and its business aims, about your customers, your staff and the day-to-day demands of the work. You will need to make time available to keep your knowledge up-to-date. You could discuss how to do this with your pharmacist. As one of my earlier articles described there are many, many ways which you can use everyday events and



**CROOKES  
HEALTHCARE**

### PRODUCT INFORMATION. NUROFEN ADVANCE.

Tablet containing: 342 mg of ibuprofen lysine (equivalent to 200mg ibuprofen). Also contains: Povidone, Microcrystalline Cellulose, Magnesium Stearate, Hydroxypropyl-methylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171). Indication: For the relief of mild to moderate pain, including headache, rheumatic and muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza. Dosage: In Adults and Children 12 years of age and older - Initial dose: 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day. Precautions and Warnings:

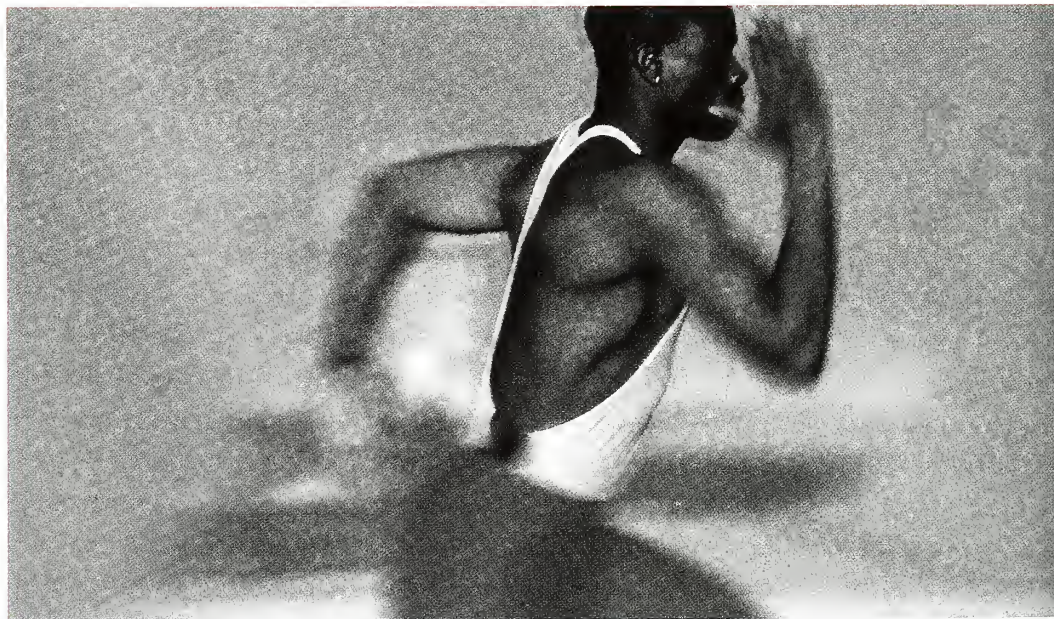
History of hypersensitivity to any component of this product or to any non-steroidal antiinflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. Precautions: patients will be instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsen, or new symptoms occur. Use Nurofen Advance with caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nurofen Advance/ or ibuprofen. Common (> 1%): dizziness, epigastric pain, fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01 - 1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, hearing disturbances. Rare

(<0.01%): oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually in patients with autoimmune disease), GI perforation, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may prolong bleeding time by reversible inhibition of platelet aggregation. Product Licence Number: PL 13249/0001 Licence holder: Johnson & Johnson MSD Consumer Pharmaceuticals HP10 9UF Manufactured by: Merck Manufacturing Division, NE 23 9JU Legal Category: P. Price: 10s £1.65, 20s £2.40s £5.45. Date: January 1998

**PRODUCT INFORMATION FOR NUROFEN PLUS** Nurofen P. Each tablet contains 200mg ibuprofen BP and codeine phosphate 12.8mg. Indications: For the relief of pain in such conditions

# Same background.

- Nurofen Advance contains ibuprofen lysine
- Ibuprofen lysine works significantly faster than aspirin<sup>1</sup>, paracetamol<sup>2</sup> and even standard ibuprofen<sup>3,4</sup>
- Nurofen Advance is effective in a range of conditions, particularly headache



Ibuprofen lysine

## Faster by Design



activities to help you learn.

Sharing your knowledge is also important. Making sure that your staff get the training they need and helping them to carry on learning is an important aspect of your role. Think about the arrangements you can put in place to help people keep their knowledge up-to-date. These could include discussions on new products, short meetings to develop solutions for problems, delegated tasks with careful de-briefing. Change is such a constant for us all that helping your colleagues to learn is a real help which you can provide.

### M is for Motivation

We all need to be motivated to work well. Motivating factors vary for all of us. As a supervisor you need to learn what motivates each

member of your team - is it a chance to earn more money by putting in extra time? Is it praise for a job well done? An opportunity to learn? An opportunity to stand in for you on occasions? Talk to your staff about what they want from their work. You will not be able to give them everything they want, but the more you understand what motivates people, the better you will be able to create the situation where your staff are motivated to give their best performance.

### Finally

Being a supervisor is a demanding role. It can also be very satisfying. In the second article in January's issue, I'll look at further aspects of supervision.

(Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale)



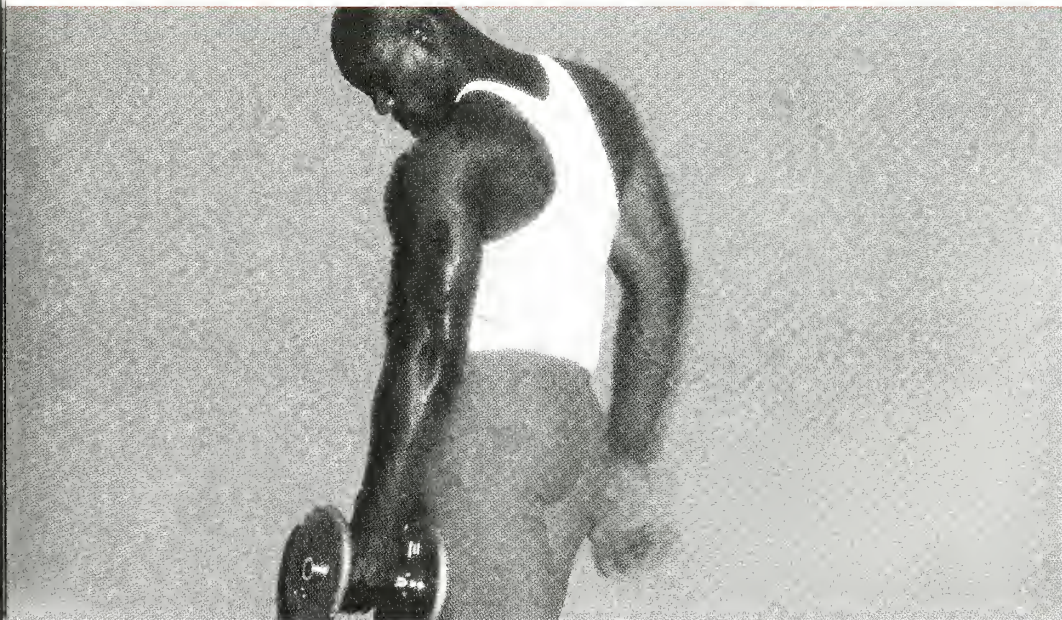
umatic and muscular pain, backache, neuralgia, migraine, headache, dental pain, dysmenorrhoea, feverishness, symptoms of flu and influenza. Dosage and Administration. Adults and children over 12 years: One or two tablets every four hours. Children under 12 years not recommended. Do not take more than 6 in 24 hrs. Contraindications. Respiratory depression, hypersensitivity to ibuprofen or codeine, or a history of peptic ulceration, chronic constipation. Precautions and Warnings. Nurofen Plus tablets should be used with caution in patients with gastrointestinal disease. Patients receiving anti-coagulant therapy prothrombin time should be monitored daily for the first few days of treatment. Nurofen Plus tablets should be used with caution in those with hypotension,

hypothyroidism, hepatic and/or renal impairment. The tablets should be used with caution in patients with raised intracranial pressure or head injury. Bronchospasm may be precipitated in patients suffering from or with a history of bronchial asthma or allergic disease. The possibility of cross-sensitivity with aspirin and other non-steroidal anti-inflammatory agents should be considered. If symptoms persist for more than 7 days, patients should consult their doctor. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women should consult their doctor before taking Nurofen Plus. Side effects. Adverse effects occurring with ibuprofen include gastrointestinal disturbance, peptic ulceration and gastro-intestinal bleeding. Other less frequent adverse effects to ibuprofen include skin rash and thrombocytopenia.

Side effects to codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. Product licence Number: PL 0327/0082 Licence Holder: Crookes Healthcare Limited, Nottingham NG2 3AA. Legal category: P. Price: 12s £2.09, 24s £3.95, 48s £6.99, 72s £8.85. Date: January 1998

REFERENCES 1. Nelson SL, Brahm JS, Karn SH et al. Clin Ther 1994; 16: 458-65. 2. Mehlisch DR, Jasper RD, Brown P et al. Clin Ther 1995; 17: 852-60. 3. Hummel T, Huber H, Kobal G. Pharmacology Communications 1995; 5: 101-8. 4. Cooper SA, Reynolds DC, Gallegos LT et al. Clin Pharmacol Ther 1994; 55: 126-5. McQuay HJ, Carroll D, Watts PG et al. Pain 1989; 37: 7-13

# Different talents.



- Nurofen Plus combines the dual analgesic actions of ibuprofen and codeine
- Provides significantly greater pain relief than ibuprofen alone<sup>5</sup>
- For powerful pain relief and proven tolerability, think Nurofen Plus<sup>5</sup>

## Powerful Dual Action

OVER THE COUNTER 28 November 1998





# A beauty from Brentwood



**Earlier this year we invited readers of Over the Counter to enter our second competition in association with Miners Cosmetics to find a pharmacy assistant who could be our cover girl. Read on and find out more about the judging, the winner and our day in the studio**

**H**ere at OTC we are constantly looking for opportunities to involve our readers more in the magazine – from articles by assistants to photographic competitions. Last year we joined forces with Miners Cosmetics to find a pharmacy assistant we could make-over into a cover girl. We were so pleased with the end results and the feedback from readers and Miners Cosmetics that we decided to make it an annual event.

In the May and July issues we encouraged readers to send in pictures of themselves. In September, the judges – Tony Lamb art editor of OTC, Stewart Chambers managing director of Miners Cosmetics and Maria Murray supplement co-ordinator of OTC – gathered at a hotel in West London to sift through the large bundle of entries. We knew last year's winner Philippa would be a hard act to follow, so we were delighted with the quality of photographs and entrants. After much discussion and consideration it was agreed that Susan Grant from Brentwood in Essex should be the 1998 winner of the OTC/Miners cosmetics model competition.

Susan, who celebrated her 20th birthday in November, has worked as a Saturday girl at Wades Pharmacy in Brentwood for three years. Unfortunately, her career in the community pharmacy is not likely to progress further because she has just started working full-time for the London advertising agency McCann-Erickson.

## The big day

One Friday in October, Susan and her father braved rush hour traffic to get to our photographic studio in Islington for an early start. Photographer Ronny Eshel and art editor Tony Lamb discussed the three very different looks they wanted to achieve in the day. Then it was down to make-up artist Martin Carter and hair stylist Carlos Ferraz to make these a reality.

Martin is currently the Miners Make-Up Artist of the Year and is regularly booked for catwalk shows at home and abroad. Using the latest Miners products Martin changed Susan's look dramatically from a demure, natural 'Audrey Hepburn' look (as featured on the front cover) to a high gloss Seventies pin-up (see our Eye make-up feature on pages 22 and 23).

Susan has brown eyes which give her face a very natural emphasis, so Martin used a range of powders, liners and mascara to enhance her eyes. Armed with Martin's make-up tips and the £100 of Miners Cosmetics she received as part of her prize package, Susan should have no problem in recreating these stunning looks at home.

Carlos, who has worked for *Vogue* and *Elle*, as well as at London Fashion Week shows, performed incredible illusions with Susan's long brown hair. At one stage we were convinced Carlos had taken the scissors to Susan to give her a perfect asymmetric bob. However, minutes later her hair reappeared to be teased into loose ringlets for her Seventies look.

Showing great patience throughout the day, Susan readily changed from one outfit to another and posed with a smile on her face when professionals would have been demanding bottles of Evian and a Shiatsu massage.

Susan admitted that she will miss working in the pharmacy as she has learned a lot over the last few years – about medicines, business and human nature. But we're sure that pharmacy's loss is advertising's gain and with looks like these Susan may find her work in advertising extends beyond the doors of McCann Erickson









# Are you up to your eyes?

If you want to keep your eyes looking and feeling absolutely fabulous for Christmas, read Anne Mullee's review of the latest products

**T**he eyes are not dubbed 'the windows of the soul' for nothing. As the most expressive facial feature, the eyes frequently receive the most attention. It's no surprise then, that as an indicator of health, ageing or wellbeing, we look to the eyes first, checking for fine lines, smudged make-up or simply reassuring ourselves that our peepers have a clear and sparkly appearance.

Make-up trends tend to sway between the mouth and eyes as the main focus, but eight times out of ten the image-makers favour the latter. The scope and range of techniques available to the make-up artist undoubtedly play a part, as eye make-up offers more variation than any other.

This season colours are more extreme than ever (red eye-liner anyone?) yet as ever, there's something for everyone. So let's take a look at eyecare from the cosmetic to the therapeutic

## Fighting Back The Years

In terms of growing older, the first indicator of the ravages of time is nearly always around the eyes. The delicate nature of the skin surrounding the eyes – a thinner tissue compared to the rest of the face – means laughter lines make themselves known here before appearing around the nose or mouth.

As with any beauty routine, the care of the eyes should be two-fold, by maintaining a healthy diet and treating problems accordingly. Dietary requirements for healthy eyes should include vitamins and minerals that encourage healthy micro-circulation in the fine skin surrounding the eyes, while also ensuring good vision. Stock up on the antioxidants – vitamins A, C, E, which are found in green leafy vegetables, carrots, red peppers and squash.

For enduring problems such as dark circles, fine lines and wrinkles however, there is cosmetic help at hand.

## Puffiness & Dark Circles

Dr Daniel Maes of Estée Lauder explains: "The tender eye area is prone to poor circulation. Influences such as temperature change, irritation and exhaustion can cause the tiny vessels to lose their ability to expand and contract, causing leakage from the micro-capillaries into the surrounding dermas. As a result, fluid accumulates and appears as dark circles."

Short-term treatments can shrink enlarged capillaries or help reduce puffiness. The humble cucumber is still a firm favourite for getting rid of puffy skin, as are cold used tea bags, whose tannin content constricts swollen blood vessels, temporarily firming the skin.

On the technical front, eye creams have caught up with their sophisticated

moisturiser counterparts, with products increasingly targeting specific problems. Estée Lauder's Uncircle Eye Treatment For Dark Circles combines micro-capillary boosting fish cartilage with green tea, an anti-inflammatory. In Helena Rubinstein's Eye Sculptor (£28, 15ml) a natural ingredient found in skin cells called Pro-Phosphor is said to help strengthen skin at cellular level while caffeine helps reduce puffiness and a Latex Effect Polymer smoothes the skin.

## Fine Lines and Wrinkles

The first signs of ageing around the eyes are usually the result of dryness, as this fine skin loses moisture quickly. Choosing a good cream to address this is important, as those with a rich formulation can sometimes exacerbate the problem by causing puffiness. Light formulations such as gels and lotions are preferable.

Many eye potions work by disguising lines (physical improvements are often very difficult to achieve in the absence of cosmetic surgery), primarily by including light diffusing pigments which soften the appearance of fine lines. Clarin's Special Eye Contour Balm (£17.50, 20ml) contains both light correcting pigments and revitalising ginkgo bilboa to plump up the skin and diminish lines, while Estée Lauder's Time Zone Eyes Ultra Hydrating Complex (£23, 15ml) contains a double-whammy of vitamin A palmitate and provitamin D3 to help gently erase lines.

## Preventative Measures

You'll have heard this a million times, yet it remains the single most important defence against skin damage. Always, always wear sun block, both winter and summer. Also, be careful not to subject the area to extremes of heat and cold, as this can damage capillaries and cause unsightly broken veins. When using hot or cold masks, be sure to wrap them in a piece of cotton to protect the skin.

## Red Alert

Perhaps the most unlikely tone to wear on the eyes is red, but this season it's everywhere, on lashes, lids and under the eyes. Wearing red takes a sure hand and a bit of courage, especially if you want to avoid the rather unflattering 'weeping' look, although it can be very flattering if you're fair and blue-eyed.

Make-up artist Dina advises: "If you're unsure about red introduce it with another colour to avoid cried-out eyes. With eye-liner, you can apply a thin line of red over black or navy liner, to create a barrier between the red and the skin. Red shadow is easier to play with, as you can blend a narrow band into the socket area over a grey or green eye shadow which helps give the eyes depth. Red mascara also needs a light hand though. Again, apply it over black

or dark brown mascara so you get the effect of length from the dark colour beneath it."

Try: Helena Rubinstein Spectacular Liner in Red Alert (£17), Lancôme Définicils Mascara in Rouge Transition (£14), Helena Rubinstein Just Cheeks in China Red (£11).

## Party Looks

Practically every winter season offers plenty of smoky evening shades and this year is no exception. Forest green, dark grey and aubergine are all found in this season's palette, but the more adventurous can also enjoy eye make-up with glitter and shine, and even experiment with false eyebrows decorated with bindi-style jewels.

"Smoky looks on the eyes are very easy and effective," says Dina. "I really like aubergine blended onto the lid with smudged grey liner below the lids, or rich, dark green dotted onto the corners of the lids over silvery grey."

As for technique, Dina has whittled down her tools. "I find I use my fingers most of the time, as texture is such a big part of this season's make-up – cream shadows with lots of shine are very much the order of the day." But you don't have to get all of the colours in all of the textures she advises. If you've found the colour you want and it comes only in a powder formulation, use the back of your hand as a palette and mix a little shadow into a bit of Vaseline to get a slick and shiny look.

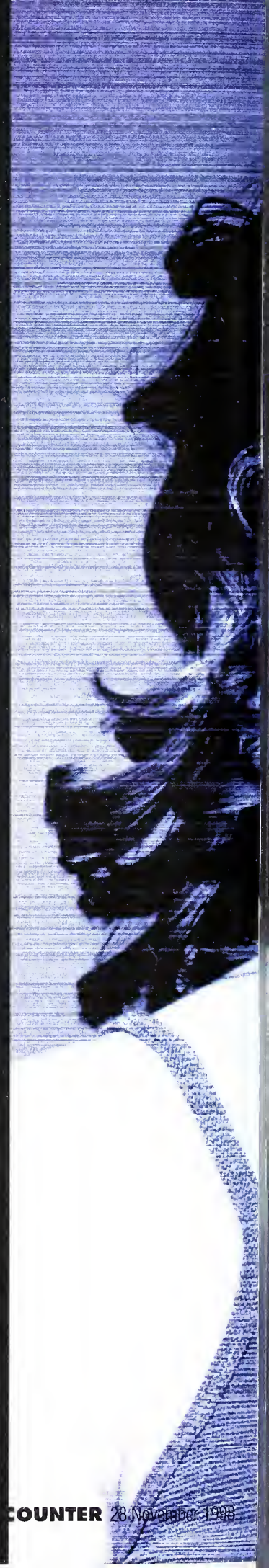
Try: Ultima II the NAKEDS DuoChrome in Rose / Plum (£15), Givenchy Perfect EyeLiner in Purple No5 (£13), Revlon Custom Eyes in Berry (£4.95), Givenchy Eye Shadow Prism Duo Couture in Lam (£20.50), Miners Eyeshadow Powder in Smokey & the Bandit (£2.99).

## Lashes & Mascara

Whether it's the finishing touch or the only eye make-up you wear, mascara is a key factor in bringing focus to the eyes. By darkening the lashes the illusion of length and thickness is created – but only if you find the right one for you. Dina recommends finding a mascara with a brush that achieves both, while keeping the lashes soft and supple. We round up our favourites:

Try: Maybelline New York Volum' express Mascara (£4.49) – a plump brush ensures maximum thickness. Elizabeth Arden Defining Mascara (£12.50) – Separates lashes as you apply colour to prevent clumping. Shiseido Optimal Volume Mascara (£15.50) – transforms itself from a cream to a liquid and back again as you apply to cover every lash. Estée Lauder Lash Primer Plus – use as a mascara base or as a nude tone to condition lashes

False eyelashes have also seen a revival with silver, gold and numerous colour combinations.







Try: Miners Flashers (£2.99), available in 12 different colour combinations or Spectacular's Glitter false Eyelashes (£2.95) available in five colours.

### Concealer

While you battle dark circles, disguise the problem with concealer, but remember to go easy on application. Dina's advice is to "always apply concealer after foundation, otherwise you'll just rub it away when you're putting on your base. Dot tiny amounts along the area to be covered before blending lightly. Choose a liquid formulation. Creams and sticks are very heavy and obvious, but you can blend a liquid so you won't even know it's there. My all time favourite is Yves Saint Laurent's Touche Eclat (£19), a light reflecting concealer dispensed through a brush".

With these top tips at your fingertips you too can create some special effects and look forward to a fabulous festive season.

Susan's stunning look was created by Miners Make-Up Artist of the Year Martin Carter using using Miners Cosmetics: Loose powder Eyeshadow in Purple Haze and Black to Basics, Megadust Supashine in Saturnz Returned and Possibly Pearl, Eyeliner Pencil in Really Black, Super Lash Volume Mascara in Black, Lipliner Pencil in High Pitched Wine, and Lip Colour in Warp Factor





When your  
customers have a

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**MIGRAINE**

or \*@★⚡#!

**BACK PAIN**

or \*@★⚡#!

**PERIOD PAIN**

or \*@★⚡#!

**DENTAL PAIN**

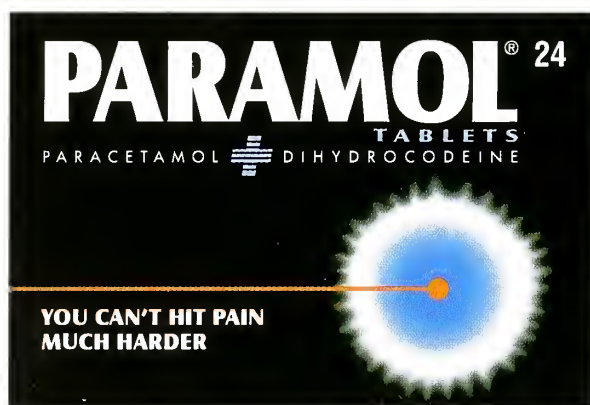
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 Seton  
Healthcare Group plc



**Product information. Presentation:** Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or after meals. *Adults and Children over 12 years* 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. *Children under 12 years.* Not recommended. *The Elderly:* Caution should be observed in increasing the dose in the elderly. **Contraindications:** Hypersensitivity to paracetamol or any of the other constituents. Respiratory depression, obstructed airways disease. **Other special warnings and precautions:** PARAMOL tablets should be given with caution to patients with allergic disorders and should not be given during an attack of hepatic disease. An overdose can cause hepatic necrosis. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. The hazard of overdose is greater in those with non-cirrhotic alcoholic liver disease. *Do not exceed the recommended dose.* Patients should be advised not to take other paracetamol containing products concurrently. *Use in pregnancy and lactation:* Studies in human pregnancy have shown no ill effects due to paracetamol used in the recommended dosage, but patients should take their doctor's advice before use. **Interactions:** Metoclopramide, Domperidone, Cholestyramine, Warfarin and other coumarins. Alcohol. Available published data does not contraindicate breast-feeding. **Other undesirable effects:** Adverse effects of paracetamol are rare, but hypersensitivity including rashes may occur. Constipation, if it occurs, is readily treated with a mild laxative. Nausea, vertigo, headache and giddiness may occur in a few patients. If symptoms persist, consult your doctor. Keep out of reach of children. **Overdosage:** Contains paracetamol. In case of suspected overdose, patients should be admitted to hospital urgently and medical attention sought immediately. **Legal Category:** P. **Package Quantities and RSP:** 12's £2.25; 24's £3.89; 32's £4.45. **PL Number:** 11314/0050. **PL Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** June 1998. Further information is available on request from the Licence Holder. PARAMOL is a Registered Trade Mark.



# Antibiotics are not the answer

*Getting the message across to patients that antibiotics are not a 'cure-all' for winter ailments is no easy task. However, as **Zita Thornton** discovers, educating patients about the nature of the illness and the OTC treatments available could have a positive effect*

You and your pharmacist are aware of Ebenezer Sneezer's message about colds and flu, but are your customers?

More than one quarter of the population ask their doctor for antibiotics when they have a cold or flu in the mistaken belief that they will get better quicker.

Displaying Consumer Health Information Centre (CHIC) Ebenezer Sneezer posters and offering leaflets in the pharmacy will help to dispel this myth, but you can reinforce the message and clear up any confusion.

Colds and flu are caused by viruses, and antibiotics do not work against viruses. It seems a simple message to get across but what makes it a complex issue is trying to change the deep seated attitude that antibiotics will cure any type of ailment.

In a study 18 months ago, 69 per cent of a group of patients who had the offer of a course of antibiotics if their colds were no better after three days, did not need to use their prescriptions. Patients who were given a ten day course of antibiotics for their colds, were no better after three days than the group who had not used antibiotics. The duration of their illness was just as long and they had just as many days off school or work.

However, the majority of this group still believed that their recovery was due to antibiotics and intended to ask for them the next time they had a cold or flu.

Dr Judith Gilley, a GP member of the UK Standing Medical Advisory Committee, says that some patients regard antibiotics as a rapid route back to work and put pressure on their GP to prescribe them.

A strategy, directed at doctors, was launched in September by this committee, recommending that they should not prescribe antibiotics for simple colds, coughs or viral

sore throats. However, it isn't always easy for a GP to consistently refuse a distressed and anxious parent or a sick child, which is why educating the public not to ask for antibiotics for viral illnesses, is so important.

As Kafka wrote: "To write prescriptions is easy, but to

come to an understanding with people is hard."

## Dangerous resistance

This fastest strategy is a response to growing concern about the increasing resistance of micro organisms to antibiotics. The latest organism to join the list of those already showing

resistance to some antibiotics used in their treatment is the one which causes meningitis.

If patients understood the reasons for cutting back on antibiotic use, they might be more inclined to use them expediently.

**Continued on P26** ➤



BSIP EST/OT/Science Photo Library



In Iceland and Finland in the 1990s, nationwide campaigns successfully reduced the amount of antibiotics used with the outcome that resistance declined.

## Get familiar

You can reassure patients that their own bodies are well equipped to fight off viruses.

Ebenezer Sneezer reminds patients that they don't have to see their GP, that their pharmacist can advise them on the best ways to treat symptoms. CHIC wants to give people the confidence to diagnose their cold or flu correctly.

● Cold symptoms last about a week and may feel worse after four or five days. Sneezing is a first sign followed by a blocked or runny nose as the body's defences start to attack the virus. A cough may follow and remain even when other symptoms have disappeared.

● Flu symptoms develop suddenly over 24 hours and include a raised temperature, feeling shivery and weak, with aching muscles and headache. Sometimes there can be sickness and the patient feels exhausted.

## OTC relief

There are many products available over the counter which will help to make the patient feel more comfortable. Some relieve a variety of symptoms in one product, while others target specific symptoms. Using OTC preparations won't reduce the duration of a cold, but it will make the patient feel better while the body fights the virus.

Combination treatments are available in a variety of formats – tablets, liquid, powders – to suit the different needs of consumers. A packet of tablets is easier to carry. An office worker, for example, might prefer the portability of tablets during the day and keep a liquid at home for night-time use.

It is important that you know the active ingredient in the different products as there is a very real danger of patients overdosing on paracetamol – for instance, when taking some combination products as well as paracetamol as an analgesic.

The following combination cold and flu treatments

# Coping with coughs in children

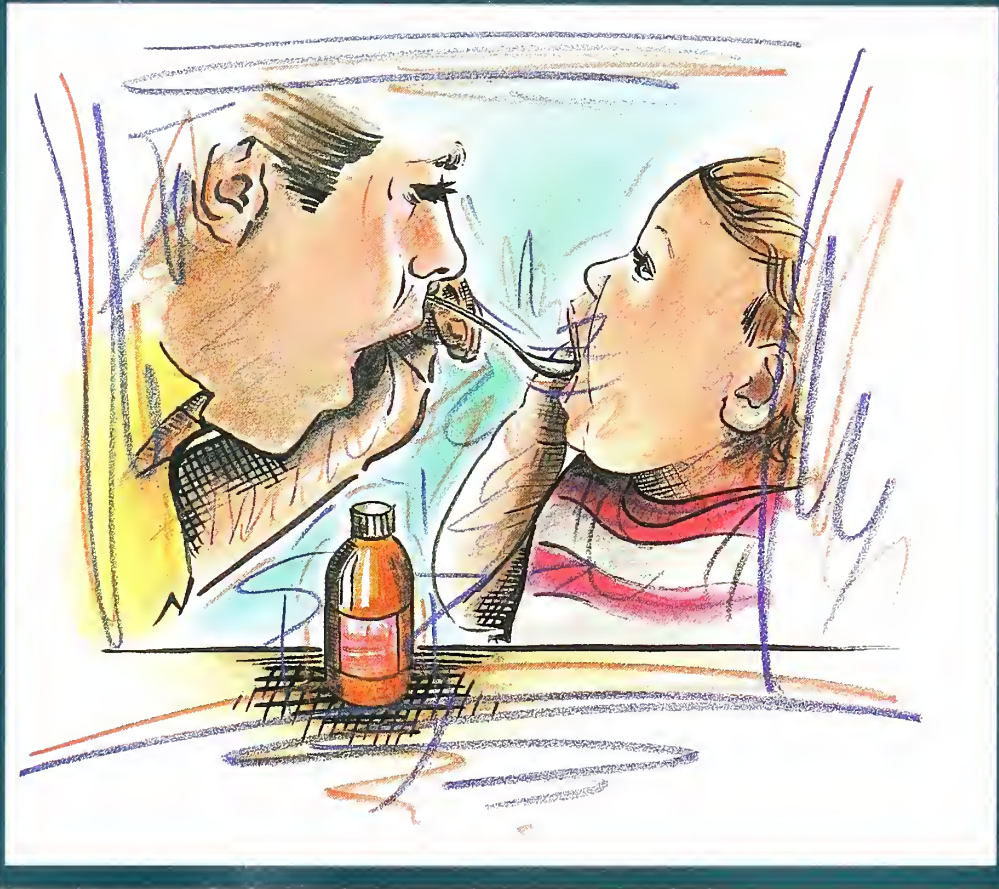
As children suffer colds three to four times more often than adults they also suffer more frequently from coughs. If children are coughing at night, it will probably keep them (and their parents) awake and as a result they will be tired and irritable the next day. However it's important to remind parents that if a child has a persistent night time cough it may be a symptom of asthma and the child should be seen by a GP.

Coughs and catarrh in children can be exacerbated by parents smoking so this could be an opportunity to encourage smokers to give up.

Cough medicines specifically for children have seen huge growth over the past few years with ranges such as Benlyn Children's range, Tixylix and Meltus Junior. Approximately 90 per cent of children's cough medicines are sold through pharmacies because parents want the advice that assistants and pharmacists can provide. In the 12 months to April 1998, children's cough formulations saw an increase of 11 per cent on the previous year and accounted for nearly 17 per cent of cough medicines pharmacy sales.

Selling children's cough medicines offers you an opportunity to demonstrate to parents the added value of community pharmacy with its trained staff. Always check the child's age to make sure the medicines is suitable and stress the importance of following the dosage schedule.

Sugar-free formulations should be considered if the medicine is being given to the child at night, otherwise it could lead to tooth decay.



contain paracetamol:

● From Smithline Beecham – Flu-Plus, Capsules and All-in-One, Day Nurse and Night Nurse, Warmers but not Beechams Powders, which contains aspirin as the analgesic.

● From Warner Lambert – Benlyn Four Flu formulations

● Galpharm Flu Relief

● From Reckitt & Colman – Lemsip Breathe Easy, Lemsip Max Strength, Lemsip Combined Relief Capsules, Lemsip Pharmacy Power Plus Paracetamol, Lemsip Pharmacy Powercaps, and Lemsip Max Strength.

● From Seton Healthcare –

Medised and Mucron.

Ibuprofen-containing combination products include:

● Advil Cold & Sinus from Whitehall Laboratories

● Nurofen Cold & Flu from Crookes Healthcare

● Lemsip Pharmacy Powercap from Reckitt & Colman.

For aches and pains and to reduce temperature, paracetamol, aspirin or ibuprofen can be recommended. However, remember that products containing aspirin should not be given to children younger than 12.

For a blocked or runny nose, decongestants can be

taken in the form of tablets or liquids such as Sudafed or Actifed. Decongestant drops or sprays such as Otrivine, Vicks Sinex or Sudafed Nasal Spray act locally to relieve congestion but should not be used for more than seven days continuously as prolonged congestion may result.

If customers are seeking more 'natural' options, Potter's Pastilles or Hill's Balsam Nasal Congestion Pastilles, based on menthol and eucalyptus, release vapours to help clear the congestion. Decongestants, such as Olbas Oil, Tixylix

Continued on P28 ♦♦



**Night Nurse/Night Nurse Capsules**  
**Product Information. Presentation:** *Night Nurse.* Clear green liquid containing per 20 ml Paracetamol Ph Eur 1000 mg, Promethazine Hydrochloride Ph Eur 20 mg, Dextromethorphan Hydrobromide Ph Eur 15 mg.  
*Night Nurse Capsules:* Capsule with opaque white body and opaque bright green cap containing Paracetamol Ph Eur 500 mg, Promethazine Hydrochloride Ph Eur 10 mg, Dextromethorphan Hydrobromide Ph Eur 7.5 mg.  
**Uses:** Night-time relief of the symptoms of colds, chills and influenza.  
**Dosage and Administration:** Just before going to bed.  
**Adults and children 12 years and over:** 10 ml or 2 capsules.  
**Children 6 to under 12 years:** 10 ml or 1 capsule.  
**Children under 6 years:** On medical advice only.  
**Contraindications:** Known hypersensitivity to ingredients, hepatic or renal impairment.  
**Precautions:** Avoid use with other cold medications or decongestant or paracetamol-containing preparations. Patients with asthma or other respiratory disorders, epilepsy, glaucoma, urinary retention, prostatic hypertrophy, hepatic impairment or cardiovascular problems should consult a doctor first. May cause drowsiness. If affected, do not drive or operate machinery. Avoid alcoholic drink. Caution required in patients taking warfarin and other coumarins, tricyclic antidepressants, MAOIs, hypnotics, anxiolytics, antimuscarinics, domperidone, metoclopramide and cholestyramine. May interfere with immunologic urine pregnancy tests to produce false results. Avoid in pregnancy and lactation unless advised by a doctor.  
**Side Effects:** Usually well-tolerated in normal use. Occasional reports of skin rash and other allergies, drowsiness, psychomotor impairment, antimuscarinic effects (urinary retention, dry mouth, blurred vision), disorientation, restlessness, gastrointestinal disturbances, photosensitivity reactions and dizziness.  
**Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.  
**Legal Category:** P.  
**Product licence number:** *Night Nurse* PL 0079/0187. *Night Nurse Capsules* PL 0079/0220.  
**Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K.  
**Package quantity and RSP:** *Night Nurse* 160 ml £4.29. *Night Nurse Capsules* 10s £2.89.  
**Date of last revision:** May 1998.

**Day Nurse/Day Nurse Capsules**  
**Product Information. Presentation:** *Day Nurse.* Clear orange-red liquid containing per 20 ml Paracetamol Ph Eur 1000 mg, Phenylpropanolamine Hydrochloride Ph Eur 25 mg, Dextromethorphan Hydrobromide Ph Eur 15 mg.  
*Day Nurse Capsules:* Capsule with opaque yellow body and opaque orange cap containing Paracetamol Ph Eur 500 mg, Phenylpropanolamine Hydrochloride Ph Eur 12.5 mg, Dextromethorphan Hydrobromide Ph Eur 7.5 mg.  
**Uses:** Short term relief of the symptoms of colds and influenza.  
**Dosage and Administration:** **Adults and children 12 years and over:** *Day Nurse* 20 ml every 4 hours as necessary up to 4 doses in 24 hours.  
*Day Nurse Capsules* 2 capsules every 4 hours as necessary up to 8 capsules in 24 hours.  
**Children 6 to under 12:** *Day Nurse* 10 ml every four hours as necessary up to 4 doses in 24 hours.  
*Day Nurse Capsules* 1 capsule every four hours as necessary up to 4 capsules in 24 hours.  
**Children under 6 years:** On medical advice only.  
**Contraindications:** Known hypersensitivity to ingredients, hepatic or renal impairment, hypertension, hyperthyroidism, diabetes and heart disease. Patients taking tricyclic antidepressants or beta-blockers. Patients taking, or within two weeks of having taken, MAOIs.  
**Precautions:** Patients with asthma or other respiratory disorders, or glaucoma should consult a doctor first. Avoid use with alcohol, other cold medications or decongestant or paracetamol-containing preparations. Caution required in patients taking warfarin and other coumarins, domperidone, metoclopramide, and cholestyramine. Avoid in pregnancy and lactation unless advised by a doctor.  
**Side Effects:** Usually well tolerated in normal use. Occasional reports of skin rash and other allergies, headache, dizziness, nausea, vomiting, diarrhoea, insomnia, irritability, high blood pressure and palpitations.  
**Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage.  
**Legal Category:** P.  
**Product licence number:** *Day Nurse* PL 0079/0185. *Day Nurse Capsules* PL 0079/0204.  
**Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K.  
**Package quantity and RSP:** *Day Nurse* 160 ml £4.29. *Day Nurse capsules* 20s £3.89.  
**Date of last revision:** May 1998.



RELIEF WHEN YOUR CUSTOMERS WANT TO SLEEP



RELIEF WHEN THEY DON'T.

PROFIT TWENTY FOUR HOURS A DAY.

No wonder Night Nurse and Day Nurse remain Britain's No.1 pharmacy cold and flu brand. We offer your customers the right medicine for the right time of day.

Night Nurse contains paracetamol to relieve headache, shivers and pains, dextromethorphan to relieve a tickly cough and promethazine to help dry up a runny nose – so ensuring they get a good night's sleep.

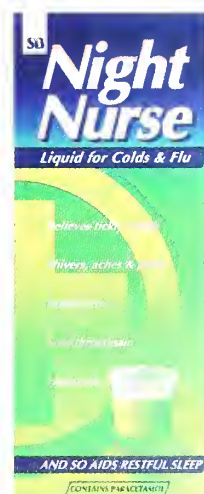
Day Nurse contains paracetamol, dextromethorphan and phenylpropanolamine to give them the same effective results as Night Nurse, plus relief from a blocked nose without drowsiness.

So make sure you nurse your cold and flu sales into healthy profit 24 hours a day, with Night Nurse and Day Nurse.

**Nurse IT BETTER**



paracetamol  
dextromethorphan  
phenylpropanolamine



paracetamol  
dextromethorphan  
promethazine

Night Nurse and Day Nurse are trade marks



Inhalant or Karvol, which are based on volatile substances, can be sprinkled onto a hankie or pillow, making them suitable for children who are having difficulty sleeping because of congestion. Particularly useful for children are vapour rubs such as Vicks or Snufflebabe. A vaporiser, such as Wrights, is also useful for night time.

A dry, tickly cough can be treated with a suppressant such as Benylin Dry Coughs while a chesty cough may be eased with an expectorant such as Veno's Expectorant. There are ranges specifically recommended for children, such as the Tixylix or Benylin Children's range of cough medicines.

The pain of sore throats can be eased with products that contain a local anaesthetic and are applied through sprays (for example, AAA Spray or Vicks Ultra Chloraseptic) or by sucking one of the vast number of medicated lozenges such as Strepsils Dual Action, Strepsils Extra, Tyrozets or Merocaine. An old-fashioned but highly effective treatment for a sore throat is gargling, either with salt and water or a solution such as TCP Antiseptic Liquid.

## Reducing the risk

It's easy to share a cold – unfortunately. Spread through droplets of saliva from a sneeze or cough, cold viruses can be propelled through the air at 100mph, travelling up to 30ft. Crowds and air conditioning ease the passage. On one aeroplane, 72 per cent of the passengers caught a cold from one person.

It's impossible to avoid such conditions all the time, so it makes sense to boost the immune system and so reduce the risk of catching any viruses. Over the past ten years, 350 studies have shown that echinacea stimulates the immune system and has anti-viral activity, too. Available as tablets or juice, its effectiveness in fighting flu has been said to be 'good to very good'. Those who have taken it regularly say that even if they do catch a cold it is less severe and is less likely to lead to complications.

Garlic also has anti-bacterial qualities and is a good cold deterrent. It is particularly good for

## Smokers cough



**Smokers often suffer a persistent cough, which is hardly surprising when you consider that the smoke inhaled into the lungs contains a cocktail of over 300 chemicals and gases.**

Smoking is also thought to paralyse the cilia – microscopic hairs which normally remove irritant substances from the lungs by their upward beating movements. Their lack of activity allows mucus to build up in the lungs which the smoker then tries to clear by coughing.

It is a common complaint of smokers who give up that their cough actually worsens but this is due to the cilia getting back into action clearing the lungs and is only a transient problem.

The only real solution for smokers cough is to stop smoking, which will not only improve their immediate health problem but also reduce their risk of heart disease and cancer. Make sure your customers are aware of the smoking cessation products available in pharmacies which might make their task a little easier.

A persistent cough in a smoker, especially if associated with pain or breathlessness, could be the first sign of lung cancer, so they should be examined by their GP as soon as possible.

Customers with a cough should be referred to the pharmacist if:

- the cough has not improved within seven days
- the cough keeps coming back
- the patient is short of breath, complains of pain on breathing in, is wheezing or there has been noticeable weight loss
- the patient is coughing up yellow or green phlegm or there is blood present
- the patient is pregnant

reducing ailments of the respiratory tract.

Zinc, chewed as lozenges, is easily absorbed through the membranes of the mouth and is thought to help reduce the chances of a virus settling there. Crookes Healthcare has launched Zinc Defence lozenges into its Strepsils range. The Zinc Defence information Services offering advice about colds and flu, can send out a bulletin written by Dr Ron Eccles, director of the Common Cold Centre (tel: 0800 056 3326).

Larkhall Green Farm produces all three of these supplements; Potters

produces the first two supplements in various forms; while Cold-eeze and Gerard House Echinacea and Garlic tablets have double the protection with their combined anti-viral and anti-bacterial properties.

Unfortunately, it is a myth that taking vitamin C can cure a cold, yet as an anti-oxidant it can boost the immune system. High doses are thought to be beneficial in reducing the duration and severity of a cold or flu. Take 1000mg to help prevent a cold and double this during a cold. However, be warned that, although not toxic at

this level, side effects may include diarrhoea and nausea. As vitamin C is excreted from the body in urine, time release products allow it to stay in the body longer.

## Finally

The demand for antibiotics to 'cure' colds and flu is driven by patients who do not understand the true nature of their illness. Pharmacists and pharmacy assistants have a major role to play in dispelling the myths about colds, flu and antibiotics, and educating patients about the most effective means of self-medication.



WHEN THERE ISN'T TIME TO STOP THE CLOCK

12

HOURS  
RELIEF

CONTACT 400 KEEPS YOUR CUSTOMERS GOING ALL DAY.

Nothing helps cold and allergy sufferers breathe more clearly for up to 12 hours day or night, than Contac 400.

Its unique capsule releases hundreds of tiny time pills containing a decongestant to relieve stuffiness, and an antihistamine to help stop sneezing.

Contact 400 works hard to let your customers get on with their busy lives - with its new packaging it'll work hard for your pharmacy too.

For more information call 0500 888 878.

UP TO 12 HOURS RELIEF FROM COLD,  
SINUSITIS, AND HAYFEVER SYMPTOMS

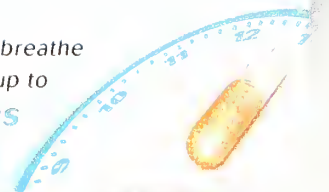


**contac**400

FAST COLD & ALLERGY RELIEF

Helps you breathe  
clearly for up to

**12 HOURS**  
day or night



phenylpropanolamine + chlorpheniramine

**Product information:** Capsule with colourless body and yellow cap containing a mixture of red, white and yellow pellets with controlled release actions. Each capsule contains Phenylpropanolamine Hydrochloride Ph Eur 50 mg, Chlorpheniramine Maleate Ph Eur 4 mg and has a therapeutic action of up to 12 hours. **Uses:** For the relief of symptoms of nasal congestion and hypersecretion associated with the common cold, hayfever and sinusitis. **Dosage and administration:** Adults: One capsule swallowed whole in the morning and another at bedtime. **Children under 12 years:** Not recommended. **Contraindications:** Known hypersensitivity to ingredients, hypertension, hyperthyroidism, diabetes, cardiac dysfunction. Patients taking tricyclic antidepressants or beta-blocking drugs. Patients taking, or within two weeks of having taken, MAOIs. **Precautions:** Caution required in patients taking anxiolytics, hypnotics, antimuscarinics or alcohol. Avoid in pregnancy and lactation unless advised by a doctor. Do not drive or operate machinery or drink alcohol. Do not use with other decongestant medicines. **Side effects:** Rare reports of headache, psychomotor impairment, antimuscarinic effects such as urinary retention, dry mouth, blurred vision and GI disturbance. Occasional rashes and photosensitivity reactions may occur. **Legal category:** P. **Product licence number:** PL 0073/0020. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Package quantity and RSP:** 6 capsules £2.79, 12 capsules £4.55, 24 capsules £6.29. **Date of last revision:** September 1998. Contac is a trademark.





# Testing, testing

**As margins on dispensing are squeezed ever tighter and superstores cut prices on toiletries, pharmacists are looking for services which reflect their professional image and bring in some cash. Consultant pharmacist Mary Allen gives an insight into diagnostics in the community pharmacy and highlights the importance of providing advice with results**

Community pharmacies have long been recognised as sources of advice on family health problems and the treatment of common ailments. Community pharmacists and their trained staff offer advice on medicines and can also 'filter out' customers who should seek advice or treatment from their doctors.

More and more, pharmacists are recognising that they also have an important role in health education and disease prevention – in other words, keeping people well.

Your pharmacy will already keep health promotion leaflets on a variety of subjects. Another way in which pharmacies can help to keep the public healthy is through diagnostic testing – performing tests on (generally) healthy people to screen for indicators of specific conditions such as high blood pressure, diabetes and pregnancy.

Hand in hand with testing goes good advice on what happens next. A test result is not much use – and could be harmful – unless the customer is advised about what it means and what to do about it. Some customers

will want to buy their own diagnostic equipment, such as cholesterol testing kits, blood pressure monitoring equipment, and home pregnancy tests. With the right approach and training, pharmacists and their staff can provide a better service, backed up with appropriate advice, and where appropriate, referral to a GP. Let's look at some of these tests and their significance.

## **Pregnancy testing**

Pregnancy isn't an illness so we aren't really talking disease prevention here! However, it does require a healthy approach so that both mum and baby have the best chance. Pregnancy testing is very sensitive. It can detect hormones in the urine indicating a pregnancy from as soon as the first day of a missed period. This means that women who are happy to be pregnant can make an early start to their

ante-natal care. It also means that those who aren't happy with a positive result have time to discuss the next steps with their doctors.

Generally, early detection is a good thing but it can bring its own burdens. Many pregnancies are lost in the very early stages. A generation or so ago, this was simply seen as a late period. An early positive test can mean disappointment if the embryo is lost – 'late period' becomes 'miscarriage' which is psychologically harder to cope with.

A couple of generations ago, most women didn't have a test (and if they did, as far as I can gather, it involved toads!) and didn't take anything for granted until at least two months after their last period.

The Royal Pharmaceutical Society has produced guidelines to ensure that testing in pharmacies is safe, accurate and effective. The

presence of urine samples in the pharmacy must not create a health hazard for staff or for other customers. Tests should be performed away from the main dispensing area, and a separate sink should be available for hand-washing.

A positive result is correct in almost 100 per cent of cases. (I did once obtain a very distressing false positive result for a teenage girl who actually had a rare illness and wasn't pregnant, but needed treatment.) A negative result may simply indicate that the test has been performed too early, with insufficient hormone in the urine – the customer should be advised to have another test in a few days, provided her period doesn't start.

All test results should be recorded, and copies given to customers. Any woman with a positive result should be advised to make an early appointment with her doctor.



Joseph Lamb



## Some facts about heart disease and stroke

- In the under-65s, around one-third of all male deaths and one-fifth of all female deaths are caused by heart disease or stroke or related illnesses
- Heart disease and stroke cost the NHS and Social Services a lot of money – around £3.8 billion per year
- Some population groups are more likely to die of heart disease than others. These include:
  - men of working age in the bottom social class
  - women born in West Africa or the Caribbean
- Heart disease and stroke don't just affect sufferers – they also affect those who live with them
- Heart disease and stroke can often be prevented

(Adapted from Our Healthier Nation, Department of Health)

She should also visit her dentist – pregnancy can leave women vulnerable to gum disease, so early dental checks are a good idea (and are free for pregnant women). Pregnancy testing provides an ideal opportunity for lifestyle advice, particularly on folic acid supplements (which should have been started several months before conceiving – but better late than never), stopping smoking and on alcohol in pregnancy. So, it's not so much a test, more a health promotion service.

## Heart disease/stroke

Heart disease and stroke are major causes of early death. Much can be done to help prevent them. Screening for some risk factors can help people to take steps to reduce those risks.

From the table (right) you can see that although we can't change some risk factors for heart disease, like being male, there are some major risks that can be reduced. The first step is to identify the factor, so screening has a useful part to play.

## Monitoring

High blood pressure (hypertension) is a major risk factor for heart problems such as heart attacks and heart failure, for strokes, and for damage to the kidneys and eyes.

Many people have no symptoms of raised blood

pressure. Screening can therefore be a very important step in identifying those at risk. It is crucial that tests are performed accurately to ensure that those who need treatment get it, and that those who do not, don't. Blood pressure measurement is important to identify people who need treatment and for monitoring treatment.

Many factors can influence blood pressure, including anxiety about the test, and even cold weather. Results can also vary with equipment and with the person performing the test. Three readings on separate occasions give the best indication of a person's blood pressure.

Blood pressure measures the force exerted by the blood in the arteries. It reflects the peak and trough pressures as the heart contracts. 'Normal' blood pressure is usually quoted as 120/80mmHg

People who have raised blood pressure should always be referred to their doctor. Depending on the severity of their hypertension and their other risk factors they may be treated by diet advice alone initially, or by medicines which they may have to take for life.

## Cholesterol testing

Cholesterol testing became fashionable through pharmacies in the early 1990s. There was concern that a cholesterol test in isolation was almost meaningless, and no-one was sure if customers were being advised about the risk factors for heart disease or the implications of any results.

Now there are guidelines to help ensure a consistent approach – from the Royal Pharmaceutical Society and other professional bodies. The National Pharmaceutical Association has also produced a booklet on providing this service.

There are several types of lipids (fat) present in the blood. These are cholesterol, triglycerides, and phospholipids, all bound to proteins (forming lipoproteins). Lipoproteins vary in size depending on what they consist of, and include:

- Heavy density lipoproteins (HDL)
- Low density lipoproteins (LDL)
- Very low density lipoproteins (VLDL)
- Chylomicrons.

They contain varying amounts of cholesterol and

other lipids. The risk of heart disease seems to be related to the levels and relative proportions of these lipoproteins. More than half the adults in the UK have a cholesterol level higher than 5.2mmol/lit. Most benefit from advice on diet (decrease fat and increase fibre) and from increasing exercise and losing weight where appropriate. Others, including those with very high levels or genetically prone to high levels, usually receive drug treatment.

## Diabetes screening

Around 1 per cent of the population may have undiagnosed diabetes – so are deprived of appropriate treatment. From the table below, you can see that diabetes is a major risk factor for heart disease. It is also associated with other long-term complications such as kidney problems, blindness and nerve damage. Diabetes mellitus is a disorder involving persistently high levels of blood glucose, caused by reduced (or completely lacking) levels of insulin. Diabetics must control their blood glucose levels through restricting what they eat, or through medicines or injections of insulin.

If you are involved with prescriptions in your pharmacy you will probably know that people with diabetes usually receive special test strips on prescription for monitoring their blood glucose levels, and you may sell the special machines which 'read' the test strip results. Some of the test strips available monitor the levels of glucose in urine, but generally blood-testing strips give more accurate results.

Diabetics know they must maintain good control of their condition and pay heed to the other major risk factors for heart disease such as smoking, hypertension and high cholesterol levels.

Some pharmacies offer blood glucose testing, referring people with high

levels of glucose to their GPs for further tests. Others have been involved in simple screening projects involving the provision of free urine testing strips (dipsticks) to customers to perform a urine test and report back on the results. Sometimes this has been done in conjunction with a national or local diabetes awareness campaign.

## Get involved

If your pharmacy doesn't provide any testing then you might be able to persuade your pharmacist to get involved in pregnancy testing – it's cheaper for the patient than purchasing home kits and the pharmacist can back up the results of the tests with appropriate lifestyle advice. Or you could become involved in a local campaign to screen for diabetes. This is a relatively easy way to start, provided all staff involved bring their knowledge of diabetes up to speed, to deal with any relevant questions from the public.

Recently, some Lloyds Pharmacies offered an assessment of heart disease risks through blood pressure and cholesterol measurements and looking at lifestyle factors such as smoking and exercise. The service has been extended to other pharmacies in the group.

## Finally

These are just some of the tests that can be quite easily performed in a community pharmacy. Other tests include peak-flow monitoring (for asthma), carbon-monoxide level testing (to demonstrate the bad effects of smoking), *H. Pylori* testing (which identifies people with an infection associated with peptic ulcers), and anticoagulant monitoring.

Whatever testing your pharmacy may decide to provide, remember that it is not just the result that matters, but the advice that goes with it.

## Risk factors for heart disease

Major	Avoidable	Hypertension, raised cholesterol, smoking, some diabetes
	Unavoidable	Family history of heart disease, increasing age, male sex
Others	Obesity, stress, lack of exercise	



# It's a stick-up!

*All retail outlets from off licences and jewellers to garages and pharmacies are vulnerable to robbery. **Jeremy Clitherow**, our resident community pharmacist from Knotty Ash in Liverpool, who has himself been the victim of robberies, offers some prevention advice and coping strategies*

Let's be realistic. Banks, post offices, building societies, off licences and jewellers are far more likely to be targeted for an armed robbery than we are in pharmacy. That's the real world. Another fact of life is that robbers just want to rob. They want the cash and the goods, nothing else, so there's no reason why any of us should end up getting hurt, providing we follow a few simple house rules.

In any armed robbery, rule number one is don't try to be a hero. Heroes often end up dead and where's the profit in that? So, don't offer any resistance. If the villain wants the money, let him take it. Don't help him, just back away and try to stay calm. Unlike an unarmed robbery where you are recommended to scream at the top of your voice, the advice here is – don't. Don't scream or shout, just stay cool, calm and quiet. After all, the criminal will be more nervous than you are, so why risk being shot or stabbed for a handful of pounds which are probably insured anyway?

The same applies to the panic alarm buttons. If you are able to trigger one without being detected, that's fine. If you can't, that's fine too. Hopefully, your panic button will send off a silent message to the alarm monitoring station and they will dial 999 for you. If it is the old fashioned type which just turns on the bells, think

carefully about whether or not to use it.

Some crime experts recommend talking to the robbers, some say the exact opposite. There is no right answer. If you can keep him talking, that may delay him until the police arrive. You might even be able to persuade him not to take the money, as some colleagues have. Go with the flow, but whatever happens, stay cool, watch intently and listen to everything said. As soon as the thief has his loot, he will be desperate to be off. Don't spook him. Let him go, and if you have a chance, jot down the registration number of the getaway car.

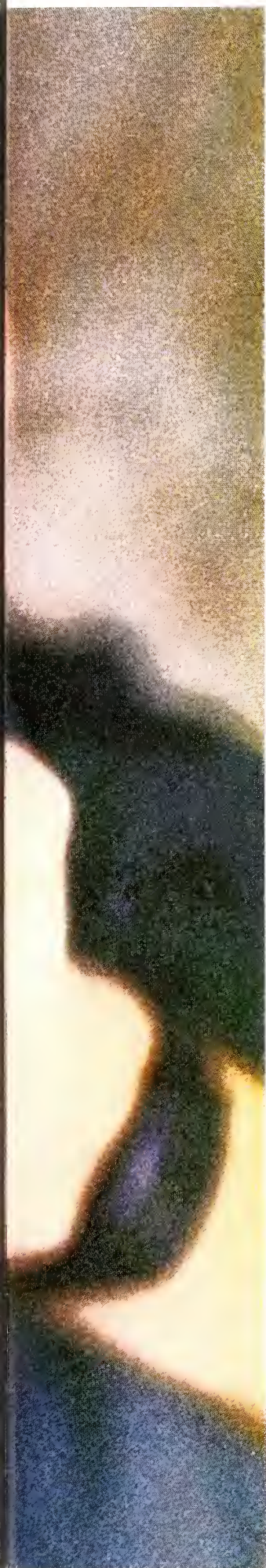
## Take charge

If you are the lead person, take charge as soon as the robber has gone and delegate a specific member of staff to do two things. The first is to dial 999 and tell the police that an armed robbery has taken place at your pharmacy, and secondly, most importantly, to come back to you and tell you that the message has been successfully given to the police.

While that is going on, gather the staff together and have a post mortem while the events are fresh in your mind. Write it down, there and then. It is remarkably easy to formulate an accurate description of a thief. You can do this while you are waiting for the police. Was the thief a man







or a woman? Was he white or black? What was his skin like? How old was he – older than you, younger than you, the same age as your brother, your father etc? How tall was he? There is a little trick here. When the thief was standing in the shop, where did his head reach? Was it up to the paracetamol shelf or was he taller, or shorter? How about his voice? Was he local or did he have a regional or even a foreign accent?

What was he wearing? Was it an anorak or a jacket, a sweater or a shirt? Were they jeans or slacks, and which colour were they? Here is another police trick. Look carefully at the robber's feet when he is in the shop. Remember which type of shoes he wore. Villains often perform a quick-change operation during their getaway and put on a different coat. They never change their trainers! If you can identify any distinctive pattern or marking on them, that is often all the police will need!

From what started out as a vague description of just an ordinary bloke, we now have a description of a local man, with greasy skin and pock marks of recent acne, aged about 22, wearing a corduroy shirt and blue jeans. He also had on a pair of the top of the range Nike trainers, in blue with a white flash and was driven off in a dark blue P registration Transit van.

### Van drivers

Most pharmacies have only one major supplier and their own regular driver. He becomes a friend and almost one of the staff. Not all delivery men are like that. Some are criminals. If they can trade on someone else's good reputation they will. They will rely on your trust and short deliver the goods while they bluff you into giving them a signature for the full order.

The oldest trick is to bring in the boxes just as you are closing for lunch. You even feel guilty for holding them up, whereas the opposite is really the case. These people are thieves. However, their theft leaves them with goods which have to be converted into money. They do this by using a fence. He is someone who knowingly buys stolen goods for onward sale. If there were no fences, the thefts would stop overnight. So, if you are offered goods by an unknown delivery man, you

can guess how he obtained them. Three diagnostic features are that he will always want paying in cash, he won't have any receipts and he has left his identity pass in the warehouse. Tell the boss straight away. He will probably telephone the police. Anyone who knowingly buys stolen goods must expect to share the same prison cell as the original thief and his fence.

### Nursing homes

Nursing homes can be a real headache. They tend to want the prescriptions delivered yesterday, even though the surgery hasn't processed them yet and it is often the case that they haven't been ordered in time. What do you do when they are supplied on account and the paperwork never arrives? Perhaps it was never going to anyway. You cannot be too careful. The very occasional blister which is empty can be put down to machine malfunction or faulty sealing, but not if it happens more often. Look carefully at the item. If it is a substance liable to abuse, tell your pharmacist immediately and be even more on your guard. You may want to consider a system of triple checking.

If things are amiss, the Home owner must be told as they will definitely be grateful for your confidential security alert before things become unmanageable. Sometimes the culprit is one of the carers, nursing staff or even the Matron herself.

Sometimes the nursing home staff take it upon themselves to demand a personal discount or 'a little something' for themselves 'because of all the prescriptions we give you'. Resist these overtures. It is a decision for your boss, so tell them and him. At best it would be an inducement to receive scripts on the part of your shop; at worst it would be extortion on their part. If they were to be successful in their blackmailing tactics the real sting always happens a little later. The conversation starts with a reference to your shop having bribed them. No further comment is needed. You are in the mire.

### Addicts

The majority of pharmacies are prepared to dispense methadone for addicts. These people can be perfectly ordinary in every sense, apart from being addicted to a drug which

lurks over their shoulder every waking hour of their lives. It has an evil hold on them and can often overpower their common sense, decency and honesty.

Our best defence is to be prepared before the event. Be aware of the risks and apply counter measures first. If you operate a syringe exchange scheme make sure that the syringe packs are filled up beneath the counter, there are some empty sharps boxes and there is nothing to take you away from the counter. Don't turn your back. If you do, your counter display may not be there. Be vigilant when you open the till. Most importantly, don't leave the shop unattended, for whatever reason; just call a colleague out from the dispensary.

Some addicts may try to befriend you. Ask yourself why? What is their motive? The best advice is to be professional and caring but keep your distance and certainly keep your private life outside the shop to yourself. If you are a keyholder, it is even more important not to compromise your position.

In my experience drunks come in two models. One is intoxicated and just keeps your attention. The other is the decoy. He creates the diversion while his accomplice or accomplices plunder your counter. Another age old trick is for the decoy to fall over and pull down the largest display in the shop. He is full of slurred profuse apologies and is secretly quite pleased when he is told to leave the shop. By then the deed has been done.

### Whistle blowing

Schoolboys think it is adult not to snitch. When you grow up you realise that there is nothing honourable in concealing crimes. The opposite is nearer the truth. Harbour no loyalty at all towards a customer or a colleague who steals from your shop. In the short term they are stealing your wage increases, in the long term they could be jeopardising the future of the pharmacy and everyone's job with it.

There is no dishonour in blowing the whistle on thieves. They deserve everything coming to them. If they are guilty, the court will decide on their punishment. At least you will be able to sleep in your bed with a clear conscience.



# showcase



## SB launches new NRT patches

SmithKline Beecham is breaking into the smoking cessation market in the UK with Niquitin CQ nicotine replacement patches.

The company is planning a £7.2 million media spend on the product in its first year on the market. It claims Niquitin is the only brand to offer a behavioural support plan.

In each pack will be details of a freephone line which smokers can ring. They will be asked a series of questions to build up a profile of their smoking habits. A personal CQ Stop Smoking Plan is then sent to them (CQ stands for 'committed quitters').

Additional support material will be sent to 'quitters' on days seven and 21 of the programme and on days 42 and 70 if requested, with a relapse letter if required. Support material consists of a step-by-step calendar, tips on avoiding tempting situations, and personal support.

SB claims that clinical trials have shown that the CQ Stop Smoking Plan, used alongside

Niquitin CQ step one patch, can increase the success of quit attempts by 26 per cent.

The patches contain a rate controlling membrane and nicotine in the adhesive. SB claims this leads to delivery of a greater concentration of nicotine more quickly than other brands and that the CQ patches lead to peak blood nicotine concentration in 3.8 hours, compared to 6.5 hours for a competitor's 16 hour patch.

Niquitin CQ is designed as a ten week reducing programme consisting of 21mg, 14mg and 7mg patches. The patches come in packs of seven and cost £19.95 per pack. They can be used as either 16 or 24 hour patches as required.

Support for pharmacists consists of a clinical guide, assistant's guide and a training video. Pharmacists can also help the smoker complete the initial questionnaire to obtain the stop smoking plan. Symposia for pharmacists and GPs are being organised nationwide.

The brand will be advertised on national television, beginning in December and

continuing throughout 1999. The launch will also be supported with a national press campaign. Point of sale material includes a counter display unit, leaflets, posters and shelf edgers.

SmithKline Beecham Consumer Healthcare UK.

Tel: 0181 560 5151.

## Seven Seas cultivates herbal market

Seven Seas Health Care has launched three new Höfels herbal food supplements – Ginger & Ginkgo in Garlic, Peppermint & Marshmallow, and Echinacea & Rosehip.

Building on the Höfels Garlic range, Ginger & Ginkgo in Garlic (30 tablets, £6.95) may help to maintain a healthy circulation. Ginger is known for its warming properties while ginkgo may help boost circulation to the extremities.

Peppermint & Marshmallow (30 tablets, £3.99) is aimed at people who have prolonged indigestion. Peppermint is known for its calming, antispasmodic properties and marshmallow has long been used as a digestive aid.

Seven Seas expects Echinacea & Rosehip (30 tablets, £3.99) to appeal to customers

who want to build up their immune systems in the run up to the cough and cold season.

Seven Seas Health Care Ltd.

Tel: 01482 375234.

## Two in one treatment is right on the spot

Stiefel Laboratories has launched a new two in one spot control treatment product.

Panoxyl Wash 10 combines 10 per cent benzoyl peroxide with a face wash. As a wash, it can be broadly applied to other areas of the body that are susceptible to acne including the chest, back and shoulders.

The company expects the incidence of irritation to be low because the benzoyl peroxide is diluted in water.

Retailing at £7.05, the product is available exclusively to pharmacists. Stiefel Laboratories (UK) Ltd.

Tel: 01628 524966.

## New niche for Strepsils Extra

Crookes Healthcare has introduced Strepsils Extra (24 lozenges, £2.15) to fill the gap between simple lozenges and the stronger Pharmacy line anaesthetic treatments.

A GSL product, Strepsils Extra

contains hexylresorcinol that acts as an antiseptic and a gentle local anaesthetic for painful sore throat. The blackcurrant-flavoured lozenges are suitable for adults and children over six: one lozenge can be sucked every three hours to a maximum of 12 in 24 hours.

Crookes believes consumers are trading up to more efficacious products. Crookes Healthcare. Tel: 0115 9539922.



## Full Marks for new mousse

Seton Scholl Healthcare is extending its head lice treatment range with the launch of Full Marks Mousse.

The mousse which contains 0.5 per cent (w/w) phenothrin is applied to dry hair. It can be spread evenly from the roots to the tips and washed out with normal shampoo after only 30 minutes and can be washed out like a shampoo. Full Marks Mousse is available in 50g single treatment packs or 150g family packs retailing at £3.99 and £8.99 respectively. Seton Scholl Healthcare plc. Tel: 0161 652 2222.







## Treating constipation - the value of bulking agents

This is the second in a series of columns which discusses the management of constipation enquiries. This week we focus on bulking agents.

Bulking agents, such as *Fybogel*, are particularly recommended for customers whose constipation may be related to poor fibre intake or who remain constipated despite a healthy diet. They are more suitable for regular use and can be recommended for/to the elderly as they do not cause fluid and electrolyte imbalance. Pregnant customers can take *Fybogel* as its 'physical' action is limited to the colon, and does not enter the systemic circulation.

The active ingredient of *Fybogel* is ispaghula husk which passes down the GI tract until it reaches the colon. It absorbs water as it passes down the GI tract adding bulk and encouraging muscular contraction of the bowel as well as softening the stool.

One sachet of *Fybogel* is equivalent in its action to approximately one cereal bowl of wheat bran. Your customer will also appreciate that *Fybogel* is sugar-free.

Regular use of *Fybogel* can help to maintain healthy bowel function. Customers' repeated visits to the pharmacy will provide you with an opportunity to offer ongoing health advice and benefit your business.

The next and final column, will look at standardised senna, its history and its benefits.

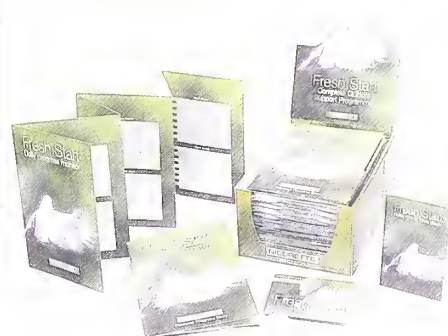
**Abbreviated Essential information:**  
**Fybogel:** Active ingredients: Each sachet contains 3.5g ispaghula husk BP. It also contains aspartame.  
**Indications:** Conditions requiring a high fibre regimen, eg relief of constipation, including constipation in pregnancy and the maintenance of regularity for the management of bowel function in patients with colostomy, ileostomy, haemorrhoids, anal fissure, chronic diarrhoea associated with diverticular disease, irritable bowel syndrome and ulcerative colitis. **Supply classification:** Through registered pharmacies only.  
**For further information:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS

### Get your fruit and fibre bar

Merck Consumer Health is launching a new fruit and fibre bar to complement its Calig liquid.

It is a fruit-based product made with a blend of real fruit extracts. With senna as its active ingredient, the product also contains figs, apples and oranges blended with bran and coated in carob. The bar is designed to help maintain regularity. Retail price is £2.69 for six bars (up to 12 days' supply on a recommended adult intake).

Merck Consumer Health.  
 Tel: 01482 375234.



### A Fresh Start for smokers

Pharmacia & Upjohn, maker of Nicorette, is offering smokers who want to quit a fresh start with its new smoking cessation support programme.

The Fresh Start package is being distributed through pharmacies and consists of a three-month interactive programme giving support and encouragement to quitters from start to finish. It features a scratch card diary with motivating messages, a coin inscribed with 'think cash not ash', and a credit card carrying details of the Fresh Start helpline (manned by QUIT counsellors).

The package is being distributed through pharmacy but customers are encouraged to register with Nicorette to take full advantage of the support programme. Smokers who have given up are asked to send the coin back to receive a certificate. Pharmacia & Upjohn.  
 Tel: 01908 661101.

### Big plans for Anadin Ibuprofen

Whitehall Laboratories is expanding its ibuprofen range with the launch of Anadin Ibuprofen 96 tablet blister pack.

The new pack (£6.79) is designed to encourage brand loyal, large pack users to stay within the Anadin franchise in pharmacy. Anadin Ibuprofen is a coated tablet in an easy-to-swallow shape.

The ibuprofen market in pharmacy is growing strongly at 13 per cent and this upward trend is set to continue, as the sector is unaffected by the changes in pack sizes. Whitehall Laboratories Ltd.  
 Tel: 01628 669011.



### BR Pharmaceuticals reveal a new test kit

Reveal is a home pregnancy test kit which uses a specially designed test strip.

Using Reveal consumers can have a 'yes' or a 'no' result in a little as two minutes with an accuracy equal to tests carried out in a doctor's surgery.

Reveal can be used as a midstream or dipstick test and can be used at any time of the day.

At £5.99 for a single test and £7.99 for a two-test pack, reveal gives a 30 per cent saving on other midstream tests. Chemist Brokers.  
 Tel: 01705 222500.

### Nicotinell offers heavy smokers something to chew on

Novartis Consumer Health is extending its Nicotinell nicotine replacement therapy range with a new gum variant.

The new 4mg gum is specially designed for heavier smokers - those who smoke more than 20 cigarettes a day. Available in fruit and mint flavours, it retails at £2.69 (12) and £9.99 (48).

As with the existing 2mg gum, it should be used for a period of three months and then users should gradually reduce the number of

pieces of gum chewed each day until they have stopped using the product.

Some customers may prefer to reduce their dosage with Nicotinell 2mg gum as part of a step reduction programme after the initial three-month period.

A new 48 pack size has also been introduced for the existing 2mg gum variant (£8.99).

The Nicotinell range is being backed with a £1.7 million support campaign during the key winter selling season.

● The smoking cessation market has become one of the fastest growing OTC categories during 1998. It is now estimated to be worth £27.4m (excl Boots) with a growth of 13.4 per cent value and 12.6 per cent volume (Nielsen June 1998). Novartis Consumer Health.  
 Tel: 01403 210211.





## Miners bears all for Christmas

Miners Cosmetics has created two new gift ranges for the festive party season – 'Teddy' and 'Party'.

The Teddy collection features Bear Necessities – two nail colours in teddy bear bottles (£3.99), Glitterlocks & The Three Bears – glitter hair mascara and three nail colours in teddy bear bottles (£7.99) and Bear Face Chic – three pots of body glitter and a teddy bear bottle of nail polish in a glitter gift pack (£4.99).

The Party range includes Star Track all over roll-on Glitter Gloss in fruity fragrances (£4.99) and Body Glitter Collection – four pots of body glitter (£4.99). Miners International Ltd. Tel: 01264 350379.

## Colgate brushes up with Total

Colgate has launched its Total Professional toothbrush, which it claims provides 75 per cent of the cleaning benefits of dental floss.

The new brush is available in three variants – medium compact, medium standard and soft compact, all retailing at £2.49.

The brush head has a 'triple action' bristle design – long middle 'flossing' bristles to reach between teeth, angled outer bristles to clean and massage the gumline, and shorter inner bristles to clean the tooth surface. The handle has a rounded, easy to grip design.

Colgate is aiming the brush at the 'super premium' sector which they believe to be

worth £34 million. The company claim that one in three toothbrushes sold are super premium and sales are growing at 30.4 per cent per year on year.

The company is planning to launch a press campaign before Christmas. Colgate-Palmolive Ltd. Tel: 01483 302222.

## Pantene Pro-V conditioners launched with £10m spend

Procter & Gamble is launching a new range of Pantene Pro-V vitalising conditioners with a £10 million television advertising spend starting in December.

Available from the end of October, Pantene Pro-V vitalising conditioners retail at £2.29 for 200ml and £3.59 for 400ml.

The conditioners, which claim to use 'breakthrough technology', have been designed to suit each hair type individually. The new versions are moisturising for dry/damaged hair, balanced for normal hair and extra body for fine/greasy hair.

The 'breakthrough technology' consists of new systems to deliver the improved conditioning agents to the hair. In the dry/damaged variant, the delivery system is based on a gel network which releases the conditioning agents evenly onto the hair. The other two variants use a crystalline delivery system and microfine particles of conditioning agent which ensure that the conditioners do not

weigh the hair down, leaving it easier to manage.

The television advertising campaign will run alongside promotions in women's magazines and a direct mail initiative, starting in December. Procter & Gamble (Health, Beauty and Cosmetics) Ltd. Tel: 01932 896000.

## A new dimension in brushing

Braun Oral-B is introducing an electrical plaque remover with a newly developed 3D brushing action.

The Braun Oral-B D15 3D Plaque Remover combines two brushing motions – high frequency

pulsations and ultra fast oscillations.

The brush is designed to clean deeper between the teeth and below the gumline. The brush head has a three degree angle to improve manoeuvrability especially on the harder-to-reach back teeth.

Features include a pressure sensor which switches the brush head pulsations off if too much pressure is applied. The built-in timer calculates lapsed brushing time and stutters after two minutes of actual brushing, even if there was an interruption.

The storage compartment has space for up to three brush heads. Braun (UK) Ltd. Tel: 0800 783 7010.

## Festive fingers from Mavala

Mavala is introducing two nail product promotional packs which make ideal Christmas gifts.

Three mini nail colours are presented in an attractive seasonal selection box which is available in six shade combinations – ranging from classic colours to glamorous glitters.

Trade price for 18 assorted packs is £84.24 or £4.68 for individual packs (£7.95).

The Mavala nailcare kit is a selection of nail treatment products in a small waterproof bag. It contains Scientifique Nail Hardener, Mavala 002, Colorfix, remover pads, emery boards, cuticle sticks and a guide to the care of hands and nails booklet.

The kit is available as a set of six on a display tray and showcard (trade price: £43.62 plus VAT). A single unit costs £7.50 (retail £12.95). Mavala UK Ltd. Tel: 01732 459412.

## New brush action from Sensodyne

Stafford-Miller has joined forces with Hasbro's Action Man brand to produce a range of brushes.

The Action man brushes (£1.99 each) will be available in two pack designs – Special Forces and Extreme Sport – and four handle colours. The handle images, which feature control panel graphics, are designed

to appeal to children.

The brushes feature a compact head, slim neck and chunky handle which is easy for children to grip.

Christmas is a key time for character merchandise sales and Hasbro will invest heavily in Action Man during this period. ● Stafford-Miller is launching a new Sensodyne range of children's toothbrushes named after the classic adventurer Zorro, timed to co-incide with the film launch. Stafford-Miller Ltd. Tel: 01707 331001.

## Slendertone in pharmacies

Slendertone electronic muscle toning units are now available for sale through pharmacies.

Until recently, the units have only been available through mail order and a limited number of retail outlets.

The range includes Gymbody 8 (£99.95), which targets the stomach, back and bottom muscles; Gymbody for Men (£125), for muscle definition; TopTone 12 (£199.95), an all-over body toner and Face Up (£189.95), which tones facial muscles.

The portable units work on the principle of electronic muscle stimulation, a technique which Slendertone claims firms, tones and shapes muscles.

Slendertone spends in the region of £200,000 per month on continuous promotion, including adverts on cable television. Slendertone UK. Tel: 0181 255 0800.







## Carex hands pharmacies new opportunity

Cussons has introduced a new antibacterial hand gel and hand lotion in its Carex range.

Carex Antibacterial Moisturising Hand Gel is formulated to kill germs and remove odours without the need for water or towels.

The non-sticky gel is pH neutral and comes in two variants – Standard and Eucalyptus. It is suitable for out of home usage, eg while travelling, on picnics and at work. Available in a 100ml pack, it retails at **£1.99**.

Cussons estimate that the the antibacterial hand gel market (currently worth under £1 million) will grow to around £6m in the next year.

The product will be supported by a £0.5m press, poster and sampling campaign from the end of January until March.

Carex Hand Lotion is formulated to offer germ and moisture protection for up to eight hours.

It comes in a 250ml pump pack (**£2.99**) and a 75ml tube (**£1.59**). White packaging differentiates the lotion from other products in the range. Cussons (UK) Ltd. Tel: 0161 491 8000.

## A glitter hat-trick from Miners

Miners is introducing a new range of three-in-one hair and body glitter gels.

Called Triple Dips, the gels contain multicoloured glitter to shimmer under disco

lights. Each pot is divided to contain three flavours featuring heart holograms, shiny moons and glittering stars.

The pots come in Fruity Fever – violet/banana/vanilla; Fruit Frenzy – violet/blueberry/grapefruit and Fruit Frazzle – vanilla/blueberry/raspberry. Retail price is **£4.99**.

● Miners is also launching a holographic collection of sparkling hair mascaras, body glitters and nail polishes. Colours include silver, gold, turquoise and purple. Retail prices start at **£1.75**.

Miners International Ltd. Tel: 01264 350379.

## Palmolive revitalises bath foam

Colgate-Palmolive is launching Palmolive Revitalising Bath Foam with a £250,000 promotional campaign.

The bath foam (500ml, **£2.49**) contains rosewater and visible moisture beads which release vitamin E and peach kernel on bursting. The mild cleansers make it suitable for sensitive skin.

A national poster campaign in November will support the launch, developing the 'Gentle Touch' theme, which the company believes has already generated a 75 per cent increase in sales of Palmolive shower gels.

● Colgate-Palmolive is also relaunching its liquid hand wash.

The dispensers have been updated with a softer typeface and the introduction of silver blocking. The three

variants are now represented on pack in pictorial form. This packaging brings the hand wash in line with the rest of the Palmolive range.

Palmolive soap has been repackaged in smooth high-glossed paper with simple graphics and silver blocks on a white background.

The pack colouring is now green for Original and peach for Creme.

The company plans to spend £3 million promoting the Palmolive brand this year. Colgate-Palmolive Ltd. Tel: 01483 302222.

## Taking some lip from Nivea

Beiersdorf UK Ltd has added four lipcare products to its Nivea range.

Nivea Lip Care is formulated to repair, protect and care for lips to help improve their appearance without cosmetic enhancement.

The four variants are Essential – for daily care and protection of the lips; Rosé – for daily lipcare with a delicate pink sheen; Sun – intensive protection against UV rays (SPF 18) and Repair to provide intensive repair of sore, chapped lips (SPF 4).

Each variant, retailing at **£1.75**, is presented in a different coloured tube.

Beiersdorf UK Ltd. Tel: 01908 211444.

## Seasonal essentials from Tisserand

Tisserand has put together six essential gift packs for Christmas.

Flagging Feet Massage Kit (**£11.99**) with a Foot massager and a cooling and soothing Foot Lotion kick starts weary feet.

Scrub-A-Dub Dub Bath Kit (**£10.99**) matches a long-handled wooden brush with Lavender Soap to cleanse and tone your back and thighs.

Lather in luxury with the Clean & Preen Wash Kit (**£5.99**) – Ylang Ylang Soap with a soft exfoliating Body Mop.

For those Christmas breaks pack a Travel Light Lavender Bag (**£11.99**). This all-purpose clear zip up bag contains Lavender Gel, Lavender Soap and a matching toothbrush and soap holder, both in purple.

The No Nonsense Tea Tree Travel Bag (**£9.99**) contains Tea Tree Shampoo with Lemon and Rosemary along with Tea Tree Soap and its own soap holder.

Finally the Classic Aromatherapy Starter Kit (**£5.99**) is an ideal Christmas treat. Containing Sweet Almond Massage Base Oil, a calibrated bottle for mixing and an Essential Sampler – three 1ml vial bottles of Rosemary, Lavender and Ylang Ylang. Aromatherapy Products Ltd. Tel: 01273 325666.

## Haliborange adds fizz

The Haliborange range has been extended to include two new effervescent supplements.

Haliborange Effervescent High Strength Blackcurrant (20 tablets, **£3.69**) contains 1000mg of vitamin C in each tablet, which dissolves in water to give a sugar-free, tangy fruit drink.

The other addition is Haliborange Effervescent Calcium Plus Vitamin D (20 tablets, **£3.25**), which produces a sugar-free, citrus fruit-flavoured drink. Each tablet contains 400mg calcium and 2.5mcg vitamin D. Two tablets yield more calcium than a glass of milk. Seven Seas Health Care Ltd. Tel: 01482 375234.



## Cussons gets skin friendly in the shower

Cussons is relaunching its standard Imperial Leather shower gel with four new formulations to provide improved skin conditioning benefits.

Moisture Deluxe Shower & Cream (pink cap) has added moisturisers and is targeted specifically at women. Original Balance (yellow cap) cleanses and cares for all skin types. Fresh Boost (green cap) offers stimulating freshness and is aimed at the whole family. Active Performance (blue cap) is an all-in-one hair and body wash for men which is available in 250ml size only. Cussons (UK) Ltd. Tel: 0161 491 8000.







## UniChem's flashy new camera

UniChem has launched an own-brand, reusable camera with flash in time for Christmas.

Complementing the brand's existing disposable camera, the new silver camera comes pre-loaded with a 35mm, 24 exposure film and batteries. The price is **£9.99**.

UniChem claims an excellent sales potential; its own-brand manager, Pippa Trounce, says: "Approximately half the sales of cameras in the UK are for those priced under £20." UniChem. Tel: 0181 3912323.

## £1m spend on Regaine Extra Strength

Pharmacia & Upjohn is supporting its recently launched Regaine Extra Strength hair loss treatment with a £1 million promotional spend.

Regaine Extra Strength (5 per cent minoxidil) is only licensed for use in men, whereas Regaine Regular (2 per cent minoxidil) can be used by both men and women. Both products are for twice daily application.

The product is being advertised on satellite television, in men's and women's magazines, and in *The Independent* and *The Guardian* newspapers during November and December. There is

also a direct mail campaign to 100,000 potential users.

Point of sale material includes showcards, leaflets with dispensers and dummy boxes.

Regaine Extra Strength retails at **£29.95** for one month's supply and **£59.95** for three months' supply.

There is a freephone customer information line about hair loss on 0345 004 500 and a Regaine web site at [www.regaine.co.uk](http://www.regaine.co.uk). Pharmacia & Upjohn. Tel: 01908 661101.

## J&J adds value to its baby range

Johnson & Johnson will be launching four new added value moisturising products in its Johnson's Baby toiletries range.

Protective Moisturising Lotion (200ml, **£2.75**) and Protective Moisturising Cream (100ml, **£2.49**) are formulated with natural, skin related lipids to help delicate baby skin protect itself against moisture loss. The products' ingredients include evening primrose oil and avocado oil to help the skin replace its natural oils.

All Weather Cream (50ml, **£2.49**), with SPF 6, forms an invisible protective film to help protect baby skin against all types of weather conditions that may dry or irritate the skin.

Breatheasy Cream (50ml, **£2.39**) is a moisturising cream enriched with rosemary, eucalyptus

and menthol to provide natural, soothing comfort for babies with colds. It is suitable for babies from three months. Johnson & Johnson Ltd. Tel: 01628 822222.

## Discover and First Response relaunched

Carter Wallace is relaunching Discover 2 and First Response early pregnancy tests and First Response ovulation test.

Discover 2 pregnancy test has been renamed Discover Today and is now a one-minute, one-step test. The test sticks have a wider absorbent tip and the new packaging is more slimline. The price remains the same.

First Response early pregnancy test and ovulation test have been repackaged into a slimline pack wrapped with cellophane. First Response now has a clear test stick with a wider absorbent tip. Prices remain the same. Carter Wallace Ltd. Tel: 01303 850661.

## A new arrival for breastfeeding mums

A new nursing cream to provide soothing relief for breastfeeding mothers with cracked nipples has been added to the Palmer's range.

Palmer's Cocoa Butter Formula Nursing Cream is formulated with cocoa butter in its purest form. The manufacturers say the 100 per cent natural formulation is safe for babies to ingest. The product also contains panthenol (pro vitamin B5) and petroleum. All the ingredients have been dermatologically tested.

The cream can be applied to the nipple area after each feeding or as often as required. Packaged in a 30g

tube with a flip-top cap, it retails at **£3.50**. E T Browne UK Ltd. Tel: 0181 554 7000.

## Herbal variant of Equilon now available

Following the success of Equilon, the irritable bowel syndrome treatment, Chefaro has launched Equilon Herbal.

Peppermint oil, the active ingredient of Equilon Herbal, has an antispasmodic effect, helping to relieve the painful spasms associated with IBS, restoring the normal movement of the gut and effectively relieving the pain.

Equilon Herbal capsules are formulated with an enteric coating which allows them to pass intact through the stomach and the first part of the bowel. Therefore the peppermint oil is released at the site where it is needed most.

Equilon Herbal is available in packs of 12 capsules, retailing at **£3.59**. Unlike Equilon, the new herbal variant is a GSL product. Chefaro Proprietaries Ltd. Tel: 01480 421800.

## Party animal pops in for Resolve

Seton Scholl Healthcare has

launched a humorous counter display unit for Resolve to maximise sales of the hangover product during the key Christmas period.

The eye-catching unit features a pop-up cartoon man suffering from the after-effects of a 'good night out'. It contains eight cartons of five Resolve sachets (**£1.99**) and six cartons of ten Resolve sachets (**£3.29**).

Designed to take up the minimum counter space, the compact unit is suitable for display on the counter. Seton Scholl Healthcare plc. Tel: 0161 654 3000.

## Nytol Herbal is up in the clouds

Stafford-Miller will be introducing a new look for its Nytol Herbal sleep aid in December.

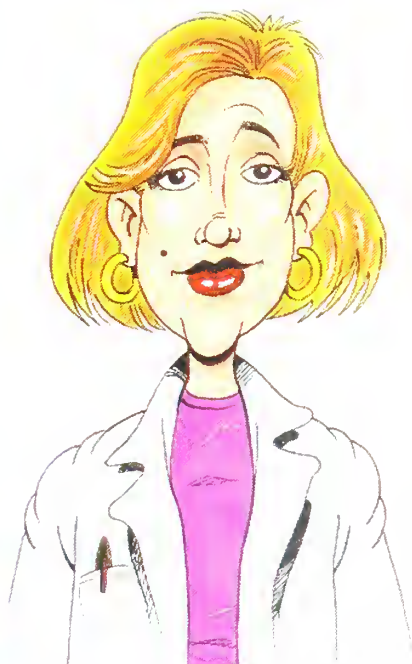
Featuring stylish cloud images, the new packaging is designed to complement Nytol Original and Nytol One-A-Night. The Nytol range is being supported by a £2 million TV campaign until the end of the year.

Nytol Herbal (**£4.25**) contains the natural sedatives hops, wild lettuce, Dogwood Jamaica, pulsatilla and passiflora.

● Since its launch in spring '97, Nytol Herbal has been the fastest growing herbal product in the sleep aid market (Nielsen July/August 1998). Stafford-Miller Ltd. Tel: 01707 331001.







At our pharmacy this year we are really pushing the boat out for Christmas; for the first time in many years we are going to decorate the shop. We hope that this will put customers in the festive mood and also in the spending mode, since we have been told that we need to work really hard this year to increase sales. To help achieve this, all the staff at the shop have recently been trained in link selling. We were told, for example, that if a customer came into the shop to buy shampoo, then we should ask them if they want some conditioner to go with it, or check if the customer needs tissues when they are buying a cold remedy. Of course, it was pointed out that if a customer requests something personal like a laxative then it's not a good idea to ask them if they require toilet paper! In other words it is

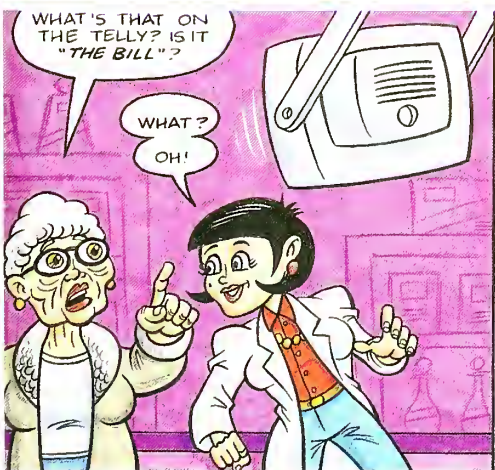
helpful to link some new items and definitely indiscreet to link others. It will be interesting to try out this new skill and hopefully it will increase sales as well as helping the customer.

These days pharmacies like my own are up against a lot of competition. Stock which becomes damaged when it is handled in the pharmacy cannot help our situation, since this is another way of losing money. In my experience this is not always the fault of the assistant or the customer; it is often caused by inferior packaging. The other day one of my customers asked if she could read the information on a well known brand of cough mixture; I took it down from the shelf and 'SPLAT', the bottle fell through the carton and hit the floor, sending glass and a sticky mess everywhere. I am sure that incidents like this are familiar to all pharmacy assistants who would agree that it is one of the most annoying things that can happen to you when the shop is busy. Such accidents could easily be avoided if manufacturers would just seal the bottom of the box - such a simple solution too. Perhaps they could turn this little plea into a new year's resolution!

And finally even though it may be a little early, Happy Christmas to everyone. I hope you have an enjoyable Christmas and can take a few minutes out of the rush to sit down for a cup of tea and a mince pie.

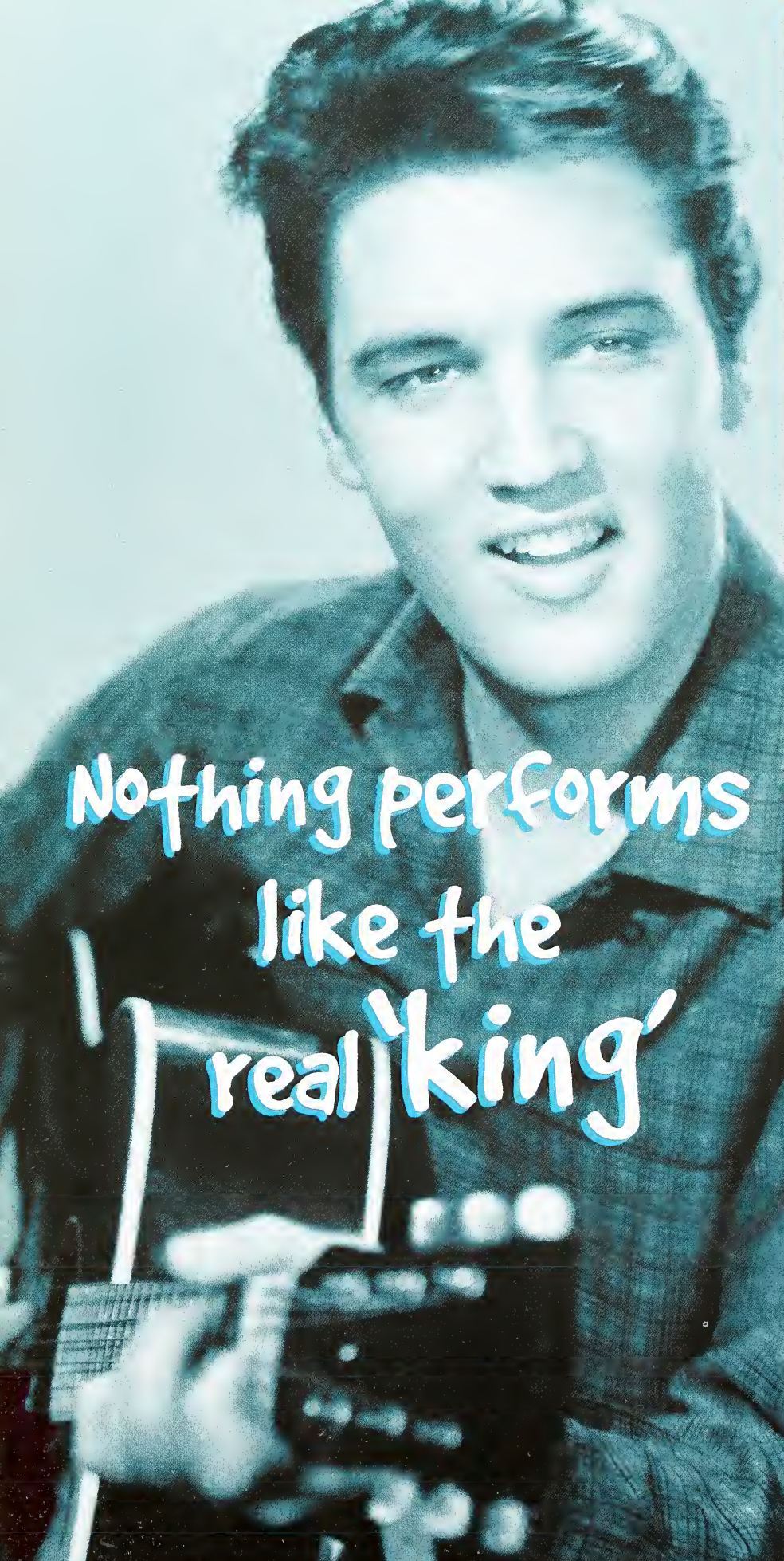
## MEANWHILE...

BY BAM !



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**Essential Product Information.** **Presentation:** Smooth white cream containing Aciclovir 5% w/w in a water miscible base. **Uses:** Treatment of herpes simplex virus infections of lips and face. **Dosage and administration:** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications:** Hypersensitivity to aciclovir or propylene glycol. **Precautions:** Do not apply to mucous membranes. Do not use for ocular or genital herpes infections. Not recommended for use in immunocompromised patients. **Side and adverse effects:** Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. **Price (ex-VAT):** 2g tube £4.67, 2g pump £5.30. **Legal category:** P. Further information is available from Warner Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants, SO53 3ZQ. **Product licence number:** 0003/0304. **Date of preparation:** October 1997.